

DOMESTIC MINOR SEX TRAFFICKING: THE REALITIES, PERCEPTIONS, AND
IMPLICATIONS FOR RESEARCH, TREATMENT, POLICY AND ACTION

By
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Thesis Submitted to The Honors College

In Partial Fulfillment of the Bachelors Degree

With Honors in

Public Health

UNIVERSITY OF ARIZONA

December 2019

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Acknowledgements

“Speak up for those who cannot speak for themselves ... Speak out for justice, stand up for the poor and powerless” Proverbs 31:8-9.

Thank you to all of my professors, my academic and honors advisors, and my thesis advisor, Dr. Sheila Parker, for providing me the education and personal drive I needed to present this thesis.

Thank you to all of my family and friends who have had such love, support, encouragement, and patience for me as I created this project, worked on this project, and saw it come into fruition. I hope you have learned more about my passion and my love for this topic and those affected by sex trafficking all over the world.

Thank you to my mentors and my counselors for inspiring me to learn more about sex trafficking and how I can make an impact, even in just one individual's life.

Abstract

This honors thesis addresses the pervasiveness of the sex trafficking of minors in the United States, more specifically in Pima County, Arizona. Sex trafficking is one of the most prevalent epidemics in the world. It generates over US\$99 billion each year. It most widely involves women and children who do not have the resources or knowledge to escape or remove themselves from the captivity of sex trafficking. Minors at high-risk for entering the sex trafficking industry are marginalized by their sex, sexual identity, financial status, ethnicity, disability, and more. While there are in-depth interventions for human trafficking worldwide, there are few that focus specifically on minors ages 18 and under who live in the United States. As a result, the average American does not know how to address sex trafficking of minors in their own city, let alone their own neighborhood. This initiated the beginning of an interventional program titled “Sex Trafficking Education and Prevention Program” (STEPP). This intervention builds up the protective factors while reducing the risk factors each individual has for entering in the sex trafficking industry. Hopefully this paper will provide the groundwork for action against sex trafficking for the benefit of all victims.

Table of Contents

Title Page	1
Acknowledgements	2
Abstract	3
Table of Contents	4
List of Figures	6
List of Tables	7
List of Abbreviations	8
List of Definitions	9
Chapter One: Introduction	10
Introduction	10
Background	11
Population Demographics	14
References	17
Chapter Two: Review of the Literature	23
Sexual Assault	23
Health Risks	25
Risk and Protective Factors	27
State and Local Authorities	31
The Gaps in DMST	35
Interventions	39
Analysis	42
Conclusion and Synthesis	43
References	45
Chapter Three: Proposed Solution	54
Introduction	54
Problem Statement	55
Theoretical Framework	56
Needs Assessment	59
References	61
Chapter Four: The Sex Trafficking Education and Prevention Program (STEPP)	64

STEPP Program Plan	66
STEPP Block Plan	70
STEPP Content Outline	75
Unit 1 Session 1 Content Outline	82
Unit 2 Session 1 Content Outline	87
Unit 3 Session 1 Content Outline	92
Unit 4 Session 1 Content Outline	97
Project Timeline	100
References	101
Appendices	102

List of Figures

Figure 1: Statistics of Perpetrators and Victims of Sexual Assaults	24
Figure 2: Socioeconomic Model of Health: Risk Factors for Domestic Minor Sex Trafficking in the United States	29
Figure 3: Socioeconomic Model of Health: Protective Factors for Domestic Minor Sex Trafficking in the United States	30
Figure 4: Directory of Crime Victim Services Online Resource	34
Figure 5: Directory of Crime Victim Services Online Resource Search Results for “Tucson, ARIZONA” and “Child Sexual Assault”	35
Figure 6: Dynamic Nursing Care Model	57

List of Tables

Table 1: STEPP Block Plan	70
Table 2: Unit 1 Session 1 Content Outline	82
Table 3: Unit 2 Session 1 Content Outline	87
Table 4: Unit 3 Session 1 Content Outline	92
Table 5: Unit 4 Session 1 Content Outline	97
Table 6: Project Timeline	100

List of Abbreviations

AIM	Agape International Ministries
CDC	Centers For Disease and Prevention
DHS	Department of Homeland Security
DMST	Domestic Minor Sex Trafficking
DOJ	Department of Justice
FBI	Federal Bureau of Investigation
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HTVAF	Human Trafficking Victims Assistance Fund
IJM	International Justice Mission
LGBTQ+	Lesbian, Gay, Bisexual, Transsexual, Queer or Questioning, etc.
NCAI	National Congress of American Indians
OVC	Office of Victims of Crime
Project REACH	Project Racism, Environment, and Alcohol in Central Harlem
PTSD	Post-Traumatic Stress Disorder
RAINN	Rape, Abuse & Incest National Network
RIP	Runaway Intervention Program
STEPP	Sex Trafficking Education and Prevention Program
STI	Sexually Transmitted Infections
TB	Tuberculosis
TVPA	Trafficking Victims Protection Act
WHO	World Health Organization

List of Definitions

Term	Definition
DMST	the commercial sexual abuse of children through buying, selling, or trading their sexual service (Kotrla, 2010).
Human Trafficking	the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjugation into involuntary servitude, peonage, debt bondage, or slavery (Department of Justice, 2019a).
Sexual Exploitation of a Minor	the sexual abuse of children and youth through the exchange of sex or sexual acts for drugs, food, shelter, protection, money, or other necessities of life (Justice Institute of British Columbia, n.d.).
Sex Trafficking	“the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act (Trafficking Victims Protection Act of 2000, 2003).
Sexual Assault	any type of sexual activity or context that you do not consent to (Department of Health and Human Services, 2019).
Pimp or Trafficker	the individual who exploits children to earn revenue from buyers; an individual who controls the actions, lives off the proceeds, or benefits from a child’s involvement in commercial sex acts (Department of Human Services, 2017).

Chapter One: Introduction

Introduction

Human trafficking comes primarily in two forms: forced labor such as working on a farm or in a factory, and sexual exploitation such as survivor sex and forced prostitution (Department of Education, n.d.). Both human and sex trafficking are multi-billion dollar industries happening worldwide, generating US\$ 148.5 billion and US\$ 99 billion, respectively (International Labor Office, 2014). For each woman in sexual servitude, this accounts for up to US\$ 100,000 a year (Human Rights First, 2017). Men, women, and children are being exposed to all forms of harm when they are trafficked. Minors (ages 18 and under) are the most vulnerable and least able to escape their circumstances due to their age and their lack of knowledge and understanding of the world. The United States alone had over 100,000 sexually exploited minors in 2018 with the average age of entry at 13 years old (Shared Hope International, 2009).

The *Trafficking In Persons Report* of June 2019 reported that in the previous year 849 investigations related to human trafficking were opened, and 526 traffickers were convicted by the DOJ, 501 of which were involved in sex trafficking (Department of State, 2019). There is significant need to expose the extent of sex trafficking to the public in order to stop this human rights violation. The victims are primarily female minors and underrepresented groups such as the mentally ill, LGBTQ+ members, individuals in the foster care system, and young men and boys. There are also gaps in research on domestic minor sex trafficking. There is a need for more action against sex trafficking (ST) for the benefit of society and of all ST victims.

Background

Sex trafficking has been a taboo topic up until the last several decades. Between the tailwind of federal laws being created and the media's portrayal of victims and perpetrators, sex trafficking has become a more common term with severe connotations. The term has evolved from one of obscurity to a media firestorm. Dr. Ronald Weitzer, a sociologist and criminologist specializing in prostitution and ST, describes the term *sex trafficking* as a social construct, created and instituted to become a moral and social movement for the United States and other countries to fight against (Weitzer, 2007). It is important to bring up this construct because of how ST is typically portrayed through the media and other outlets (Havnen-Tonnessen, 2016). The media has consistently held a powerful grip on news and information resulting in ST becoming a social construct and social stigma. Society has become both desensitized to the point of normalcy and vigilant in ignoring the signs of victims trapped in sex trafficking, especially of minors. Social stigma is prevalent in all communities, especially in areas where there are high crime rates, high tourism and/or interstate traffic (Brooks, n.d.; Nichols, 2015). Stigma affects victims through shame and isolation, social rejection, discouraging reintegration of survivors, and limiting their access to employment and other opportunities (Dahal, 2015). Sex trafficking has existed since before 1600s in the American Slave Trade and has expanded to every continent of the world (Havnen-Tonnessen, 2016). In the last few decades alone, sex trafficking has been illuminated from its darkness. Unfortunately, society has shaded itself from the harsh

reality and potentially fatal circumstances that sex trafficked individuals face on a daily basis.

Some of the most notable sex traffickers in the United States include high-profile members of law enforcement and the military, FBI agents, judges, sports team owners, physicians, and politicians (Crokin, 2017a; DOJ, 2019). A recent example, (as of October 30, 2019) is accused sex trafficker Jeffery Epstein, who died in jail (possibly by suicide) and was awaiting trial for several charges of sex trafficking of minors (Coaston, 2019). Those accused of sexual abuse of minors or similar charges like child pornography include Harvey Weinstein, Anthony Weiner, Mark Salling, Roman Polanski, Will Hayden, Oklahoma State Senator Ralph Shortey, former Secret Service Agent Lee Robert Moore, Bill Cosby, Allison Mack, Keith Raniere, and so many others (Cronkin, 2017b). There is speculation regarding who else might be on this list and accused of child sex trafficking -- including current President Donald Trump and former President Bill Clinton (Cronkin, 2017b). While some but not all of these individuals have been found guilty, these accusations open our eyes to how pervasive of an issue sex trafficking has become in our society.

Domestic minor sex trafficking (DMST) specifically addresses the sexual exploitation of minors (ages 0-18) in the United States. DMST includes prostitution, pornography, stripping, escort services, sexual servitude, and other sexual services performed by minors (Horner, 2015). Sexual exploitation refers to taking advantage of a person's sexuality and/or attractiveness to make a personal gain or profit (US Legal, n.d.). Domestic minor sex trafficking is a human rights violation causing vulnerable

minors to be treated as dehumanized commodities (Trafficking Victims Protection Act of 2000, 2003).

According to the International Labor Office, in 2016 there were approximately 40.3 million people trafficked worldwide, 4.8 million of which were forced into sexual exploitation, and a quarter of which were children (International Labor Office, n.d.). In 2018, the United Nations Office on Drugs and Crime released a report stating the majority of trafficking victims are women and girls, and just over a quarter are children, 49% and 30% respectively (United Nations, 2018). Narrowing the statistics further, in 2018 there were 96 cases of human trafficking in Arizona, 75 were sex trafficking, seven of which were both sex and labor trafficking (International Labor Office, n.d.). The economic impacts of sex trafficking include the profits from sex trafficking; the costs of prevention, treatment, and support of victims; loss of resources from no taxation, tax evasion, money-laundering; and the cost of organized crime/ crime control (United Nations Office on Drugs and Crime, 2008). Many factors contribute to the sex trafficking of an individual, and in the case of a minor it is even more complex. One significant factor of becoming sex trafficked is migration. When migrants are in search of better wages, income, safety, and security, they can easily be lured into forced prostitution and the sex trafficking trade (United Nations Office on Drugs and Crime, 2008).

Common ways individuals are sex trafficked are through false marriage proposals, debt bondage, traumatic bonding, coercion and threats, intimidation, emotional abuse, isolation, sexual abuse, economic abuse, and through promises of good

jobs, better education, even citizenship in a foreign country (Deshpande, 2013).

Common ways minors in the United States are recruited into sex trafficked is by exploitation from “boyfriends,” pimps and traffickers. These ‘boyfriends’ or pimps trap their victims into selling sex to friends or family members or for street prostitution (Department of Justice, 2019b). They use a combination of physical, emotional, and psychological abuse to trap these minors into sex trafficking (Department of Justice, 2019b). ST can happen anywhere, in nice neighborhoods, in adult night clubs, illegal brothels, sex parties, motel rooms, hotel rooms, and other locations throughout the United States (Department of Justice, 2019b).

Population Demographics

DMST impacts marginalized populations within the United States. The victims of DMST are generally young, innocent, and unsuspecting targets (Boukli, 2019). One group in particular is the sexually exploited and trafficked LGBTQ+ minors. They are particularly vulnerable due to their already existing social alienation and maltreatment, and their mental and physical health ailments stemming from feelings of rejection and biases against them (Boukli, 2019; Levine, 2016; National Alliance on Mental Health, n.d.). One study funded by the DOJ found that around 5% of the sample population (949 individuals) of sex trafficked youth ages 13-24 were transgender with 4% being trans female and <1% being trans male (Swaner, 2016). That same study also found that 36% of the sample population were bisexual, 9% gay, and 2% were of another sexual orientation (Swaner, 2016). Unfortunately, there is little to no additional information on domestic minor sex trafficking of LGBTQ+ community members.

Minors with mental illness(es) and disabilities are also vulnerable to sex trafficking due to their impaired ability to handle and cope with stress (Levine, 2016). There is conclusive evidence to suggest that mental health and sex trafficking are strongly correlated (Yates, 1991). Runaway and homeless minors are vulnerable populations due to the risk factors they might have encountered prior to entering the commercial sex industry. Risk factors for a minor to become a runaway range from sexual, physical, or emotional abuse, to identifying as LGBTQ+, to family problems, parental neglect and more (National Conference of State Legislators, 2016). Typically, international minors are trafficked due to financial stress at home (Kara, 2009). Domestic minors are typically trafficked for similar reasons as a runaway minor: exposure to poverty, homelessness, substance abuse and addiction, mental health issues, and early exposure to sexual abuse and trauma (Fedina, 2016). More will be discussed in Chapter 2 of this paper.

Native Americans are also at high risk for being sex trafficked despite it being difficult to identify and quantify trafficking in Native American communities. The National Congress of American Indians (NCAI) Policy and Research Center states that in 2015, an average of 40 percent of the women involved in sex trafficking in the US and Canada identified as Alaskan Native, American Native, or First Nations (National Congress of American Indians, 2015). Furthermore, more than 1 in 3 Native American and Alaska Native women will be raped in their lifetime, and more than 6 in 10 will be physically assaulted (National Congress of American Indians, 2015). Both instances are risk factors of becoming sex trafficked.

Another vulnerable population that lacks attention and information is that of young men. The industry is disproportionally biased towards women; however, men are also sex trafficked, especially young men 18 years old and under. In a national study investigating youth involvement in sex trafficking, researchers found that of the population of sex trafficked youth ranging from 13 to 24 years old, 36% were male (study sample size: 949 participants) (Swaner, 2016). Unfortunately, there is little to no additional information in the literature regarding the sex trafficking of young men. All of the mentioned populations do have this in common: they are poor, powerless, disabled, socially isolated and *they are young*.

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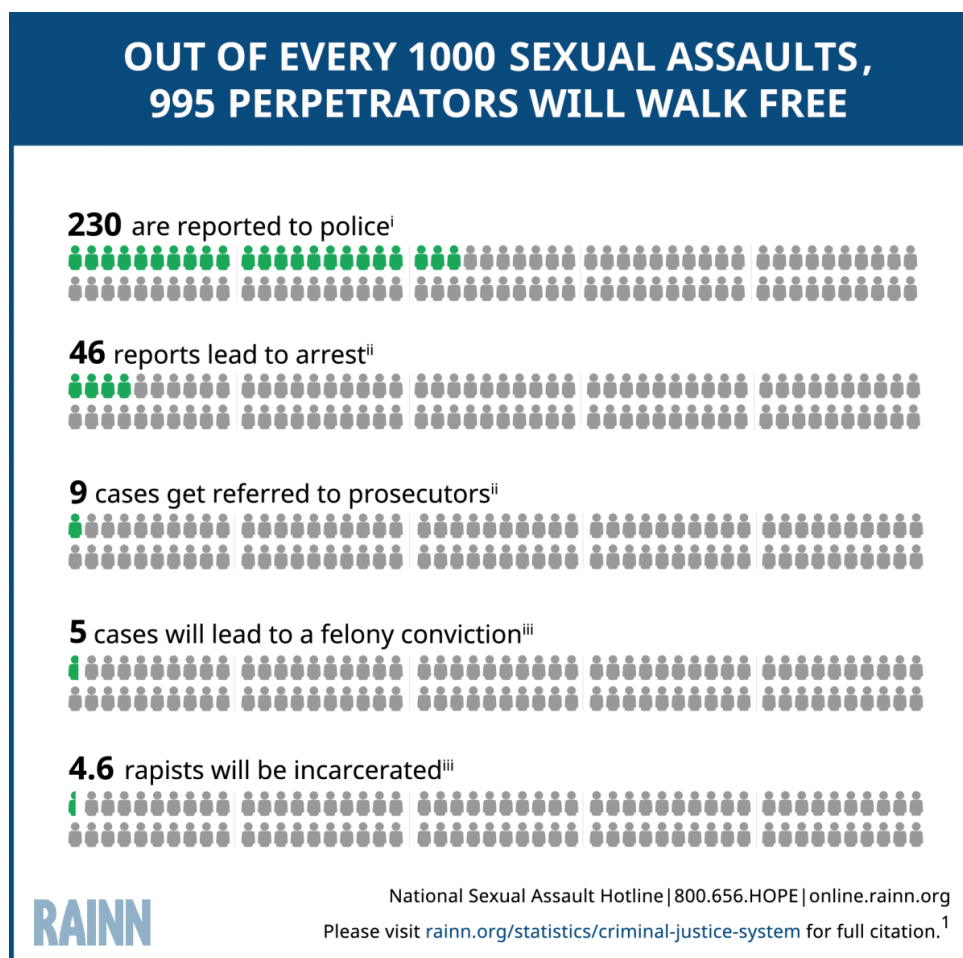
[https://doi.org/10.1016/0197-0070\(91\)90085-Z](https://doi.org/10.1016/0197-0070(91)90085-Z)

Chapter Two: Review of the Literature

Sexual Assault

Approximately every 92 seconds one person is sexually assaulted in the United States (Department of Justice, 2018). According to the CDC, more than 1 in 3 women and nearly 1 in 4 men have experienced sexual violence involving physical contact at some point in their lives (Centers for Disease Control and Prevention, 2019). Sexual assault includes rape, attempted rape, sexual coercion, sexual contact with a child, fondling or unwanted touching above or under clothes, verbal, visual or non-contact, voyeurism (peeping), exhibitionism (exposure in public), sexual harassment or threats, forcing someone to pose for sexual pictures, sending unwanted texts (sexts), forms of sexual abuse (e.g. adult and child molestation) and more (Department of Health and Human Services, 2019).

One report suggests that only 15.8 to 35.0 percent of all sexual assaults are reported to the police (Maryland Coalition Against Sexual Assault, n.d.). Between 2006 and 2010, approximately 211,200 rapes and sexual assaults went unreported to police each year (Bureau of Justice Statistics, n.d.). According to RAINN (Rape, Abuse & Incest National Network), the largest anti-sexual violence program in the country, the majority of perpetrators of sexual assault will not go to jail or prison; Figure 1 goes into more detail (2019).

Figure 1: Statistics of Perpetrators and Victims of Sexual Assault

Sexual assault happens in all forms of human trafficking, especially in the commercial sex industry, domestic relationships, and domestic minor sex trafficking (Freedom Network USA, 2015). According to Smith (2009), 41% of youth suspected of being involved in prostitution-related offenses have previously been victims of sexual abuse. Arizona state law defines sexual abuse as “intentionally or knowingly engaging in sexual contact with any person who is fifteen or more years of age without consent if that person or with any person who is under fifteen years of age in the sexual contact

involves only the female breast” (A.R.S. § 13-1404). As much as 21% are victims of familial molestation (Smith, 2009).

Health Risks

Another factor of DMST includes severe health risks ranging from depression to sexually transmitted diseases like HIV (Human Immunodeficiency Virus) and TB (Tuberculosis) to homelessness and its various risks. There are four main categories for health risks: physical, mental, reproductive, and miscellaneous.

Arizona State Law defines physical injury as the “impairment of physical condition and includes any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare” (A. R. S. 13 § 3623). Physical injuries that can result from DMST include various levels of trauma, substance abuse, sexually transmitted diseases, injuries from gang affiliations/relations, sexual abuse, sexual violence (including rape), substance abuse, starvation or malnutrition, neglect. Physical symptoms of trafficking include headaches, stomach pain, memory problems, back pain, loss of appetite, and more (Oram, 2012). The symptoms can result from traffickers or pimps controlling their victims through coercion, violence, manipulation, fraud, force, and more (Polaris, n.d.). Physical injuries also come in the form of diseases like tuberculosis, gastrointestinal disorders, dental injuries, and diseases (Oram, 2012).

The mental injuries that result from DMST include depression and other mood disorders, anxiety disorders, eating disorders, substance abuse disorders or addictions,

suicidality or self-harm, and post-traumatic stress disorder (PTSD) (Department of Health and Human Services, n.d.).

Reproductive Health problems are incredibly risky to one's health, especially for minors who are in the beginning stages of puberty and not yet fully physically mature. The risk of contracting a sexually transmitted infection (STI) is high among those being sex trafficked (Centers for Disease Control and Prevention, n.d.). Common STIs among the sex trafficked include HIV, chlamydia, gonorrhea, hepatitis B, and syphilis (Hall, 2016). The rates of STIs are higher among sex workers than in the general population (Verscheijden, 2015). STIs can cause infertility when untreated, leaving the women permanently damaged due to infections and diseases like pelvic inflammatory disease (PID) (Tsevat, 2018). The high rate of STIs in victims of sex trafficking is due to the low rates of condom use; an average of 3.35% of female sex workers (FSWs) reported condom non-use in a study in 2010 (Decker). Pregnancy from rape or prostitution can also result from condom non-use. In one study of trafficking survivors, 28% of women participating reported one or more pregnancies while trafficked (Bick, 2017). Pregnancy can result in miscarriages, botched or unsafe abortions, abuse, and a number of other physical or mental/emotional trauma (Bick, 2017). Once a child is born to a victim of sex trafficking, they are more likely to be roped into the trade, sold as a debt of the victims, used against the victims as leverage into staying, and more (Antislavery.org, 2016; Brewer, 2013).

Homelessness, running away, truancy, and similar circumstances also contribute to the health of victims of sex trafficking, especially minors. In one study conducted

between February 2014 to March 2017, 1,000 homeless youth were interviewed and 17% of them were victims of sex trafficking (Getz, n.d.). Researchers suggest that this number might be higher because the respondents were those who were seeking services, and not everyone seeks services (Getz, n.d.).

Risk and Protective Factors

There are several factors that contribute to the likelihood of a minor becoming trapped in DMST. According to the World Health Organization (2019) a risk factor is “any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury.” The Administration for Children & Families, a sector of the Department of Health and Human Services, describes protective factors as “conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk in families and communities” (2019a). Both risk and protective factors are not created in a vacuum. There are several levels of exposure and incidence that provide the opportunity for sex trafficking of minors to thrive. The socioecological model is used to show just that. The base level is the individual -- or intrapersonal -- level. The individual level is the set of factors that are inherently in each person -- their attitudes, personalities, skills, knowledge, and personal history. The next level is the interpersonal level. The interpersonal level is everything directly outside of the individual’s control -- family, friends, social networks, peers, etc. The community level expands beyond the interpersonal level by including social capital within the social networks, social norms and beliefs. The institutional level provides structure to the community level in the form of physical organizations, schools, workplaces, and services

where community, interpersonal, and individual factors take place. Lastly, the structural -- or societal -- level is the overarching macro-level of politics, economics, and social policies that determine the environments where each of the previous levels thrive. See figures 2 and 3 for more specific risk and protective factors of domestic minor sex trafficking (DMST) (National Center on Safe Supportive Learning Environments, n.d.).

Figure 2: Socioecological Model of Health: Risk Factors for Domestic Minor Sex Trafficking in the United States

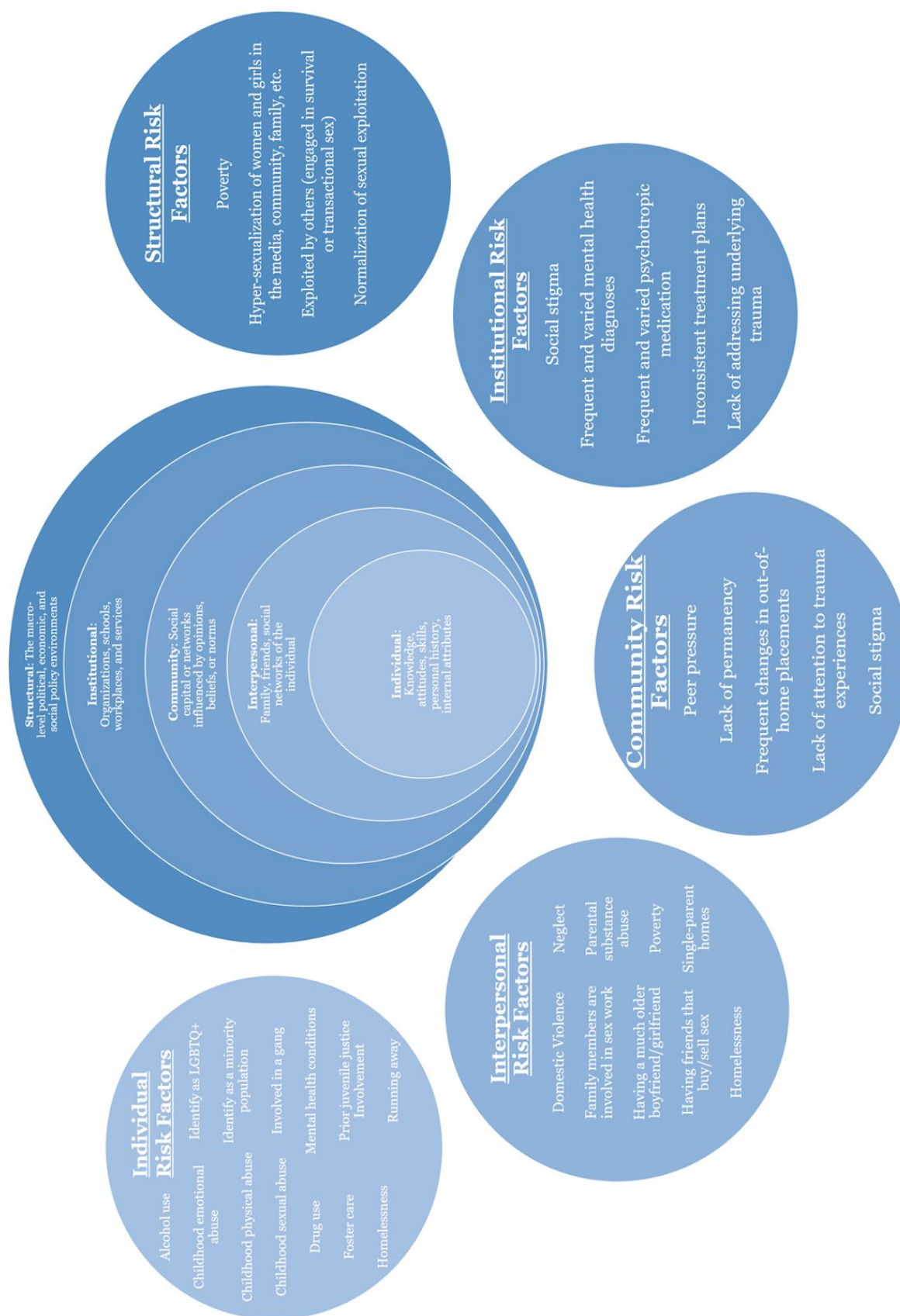


Figure 3: Socioecological Model of Health: Protective Factors for Domestic Minor Sex Trafficking in the United States



State and Local Authorities

Law enforcement frequently encounters minors and adults who are sex trafficked, prostituted, or in the sex trade. Unfortunately, there is not enough information coming to and from officers and detectives in order to filter out those who are sex trafficked and those who are willingly selling sex (K. Robinson, 2019, personal communication). Many state and local law enforcement agencies do not have a lone unit dedicated to sex trafficking or that field. In many areas, there are simply too many people in the region to be arrested for selling or buying sex (K. Robinson, 2019, personal communication). The number is increasingly larger in states that are on the United States-Mexico border (California, Arizona, New Mexico, Texas) and states that have an ocean or gulf border. It is quite common to see law enforcement arrest an individual under the guise of “prostitution” when they are actually being sex trafficked. In a study by Halter et. al, researchers found that 40% of minors arrested for prostitution were seen as offenders and not victims, 60% were seen as victims (2010). The individuals that are arrested are seen as criminals, and not victims, even if they are willingly and most likely unknowingly selling sex (K. Robinson, 2019, personal communication; Williams, 2015). In Arizona, first-time offenders arrested for prostitution are charged with a class 1 misdemeanor and 15 days in jail. For the second offense of prostitution, they spend 30 days in jail (Arizona Revised Statutes § 13-3214). The issue with this is that Arizona, along with many other states, does not have a rehabilitation program or set of steps for recovery from sex trafficking (similar to the 12-steps of Alcoholics Anonymous) after being released from jail (K. Robinson, 2019, personal communication).

There are other areas that law enforcement and government agencies have been at the forefront for combating DMST. The *Trafficking In Persons Report* of June 2019 least 34 states had “safe harbor” laws, which are meant to prevent child sex trafficking victims from being prosecuted for commercial sex. Advocates reported that very few labor trafficking cases referred to law enforcement were investigated, and called for increased efforts to identify, investigate, and prosecute labor trafficking cases (Department of State, 2019).

There are few initiatives that directly address sex trafficking, and even fewer that address minors who are domestically sex trafficked. The United Nations has a Convention Against Transnational Organized Crime, also known as the Palermo Protocol, that is enforced to combat and prevent the trafficking of persons, especially of women and children (United Nations, 2000). The Palermo Protocol established criminal offenses as well as the protection of victims of trafficking throughout the legal proceedings and the physical, psychological, and social recovery of victims of trafficking. This includes appropriate housing, counselling, medical/psychological/material assistance, employment, educational and training opportunities, and more (United Nations, 2000). This protocol is transnational, and it is not a requirement for the United States to require the States to implement their own version of the Palermo Protocol (United Nations, 2000).

There is an online registry for victims to receive victim services in their country, state, or region. It is the Directory of Crime Victim Services run by the United States’ Office of Victims of Crime (OVC). The directory provides states/countries to choose

from, a known agency or zip code to choose from, and a list of types of victimization or services provided to choose from, and any type of agency to choose from. For examples of the Directory see Figures 4 & 5.

Figure 4: Directory of Crime Victim Services Online Resource

Directory of Crime Victim Services an OVC Online Resource

[SEARCH](#) [GET POSTED](#) [GLOSSARY](#) [HELP](#) [HOME](#)

Search

Find crime victim services in **three easy steps**.

Step 1 (required)

Select at least one State, National option or Country below. If you select both a State and a Country, the system will only search for the State. If you select both National option and a Country, the system will only search for the National option.

State

- AE-ARMED FORCES AFR, CAN, EUR, MIDEAST
- ALABAMA
- ALASKA
- AMERICAN SAMOA
- AP-ARMED FORCES PACIFIC
- ARIZONA

National ☐

OR

Country *

- Select a Country--
- AUSTRALIA
- AUSTRIA
- BERMUDA
- CANADA
- CHILE

*Note: Only countries with 1 or more active programs in the database appear in this field.

Step 2 (optional)

Search for a specific agency by name or target your search using a city name or ZIP Code. Need more general results? Proceed directly to Step 3.

Agency Name

City

ZIP Code

Step 3 (required)

Select at least one subcategory from the main categories below. Use the arrow buttons to choose your options. For definitions, see the [Glossary](#).

Type of Victimization

- All--
- Adult Sexual Assault
- Adults Molested As Children
- Aggravated Battery
- Arson
- Assault

Type of Service Provided

- All--
- Assistance in Filing Compensation Claim
- Cell Phones (911)
- Civil Legal Services
- Criminal Justice Support Advocacy
- Crisis Counseling

Type of Agency

- All--
- Criminal Justice - Government--
- Corrections
- Court
- Hospital
- Law Enforcement

Child Sexual Abuse

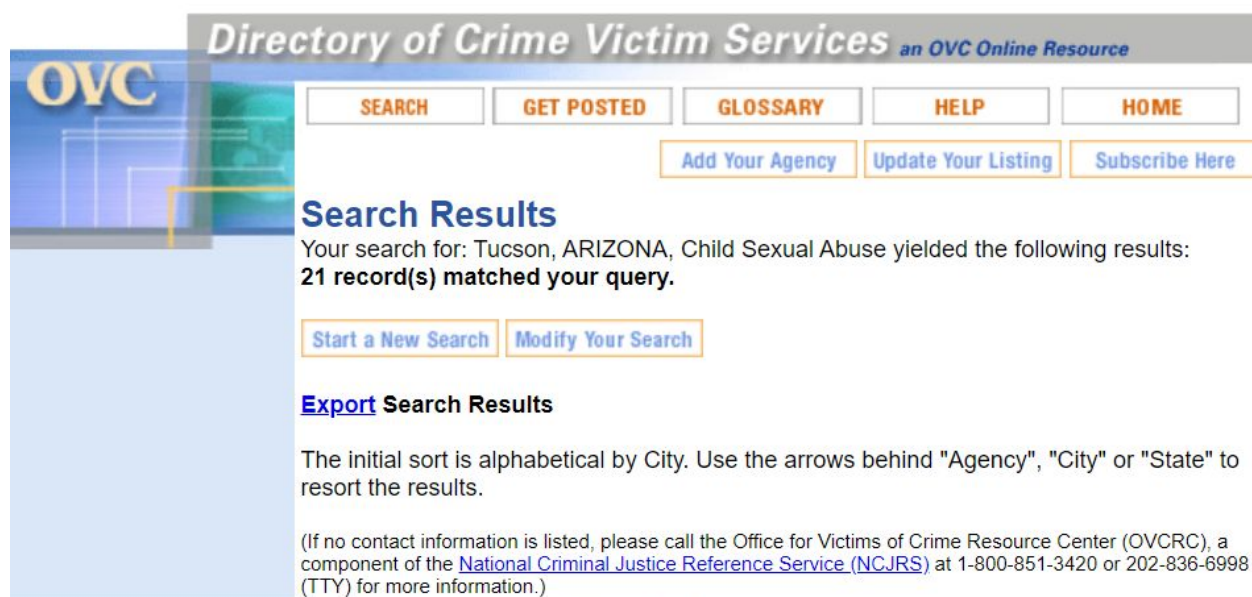
Child Sexual Abuse

Child Sexual Abuse

[Home](#) | [Search](#) | [Get Posted](#) | [Glossary](#) | [Help](#) | [Subscribe](#) | [Directory Site Map](#)
[AskOVC](#) | [Linking to the Directory](#) | [About the Directory](#) | [Disclaimer](#)

[OVC Home](#) | [Reuse Policy](#) | [OVC TTAC](#) | [FAQs](#) | [Contact Us](#) | [Site Map](#) | [Archive](#) | [Link to Us](#)
[DOJ Home](#) | [OJP Home](#) | [CrimeSolutions.gov](#) | [GMS](#) | [Grants.gov](#) | [Privacy Policy](#) | [Language Access](#)
[Legal Policies and Disclaimers](#) | [FOIA](#) | [USA.gov](#)

Figure 5: Directory of Crime Victim Services Online Resource Search Results for “Tucson, ARIZONA” and “Child Sexual Abuse”



Directory of Crime Victim Services *an OVC Online Resource*

OVC

[SEARCH](#) [GET POSTED](#) [GLOSSARY](#) [HELP](#) [HOME](#)

[Add Your Agency](#) [Update Your Listing](#) [Subscribe Here](#)

Search Results

Your search for: Tucson, ARIZONA, Child Sexual Abuse yielded the following results:
21 record(s) matched your query.

[Start a New Search](#) [Modify Your Search](#)

Export Search Results

The initial sort is alphabetical by City. Use the arrows behind "Agency", "City" or "State" to resort the results.

(If no contact information is listed, please call the Office for Victims of Crime Resource Center (OVCRC), a component of the [National Criminal Justice Reference Service \(NCJRS\)](#) at 1-800-851-3420 or 202-836-6998 (TTY) for more information.)

Page 1 of 1

Agency ↕	City ↕	State ↕	Type of Victimization	Type of Agency	Type of Service Provided
Arizona's Children Association Ph: (520) 622-7611	Tucson	AZ	Adult Sexual Assault, Adults Molested as Children, Child Sexual Abuse, Domestic Violence,	Rape Crisis	Assistance in Filing Compensation Claims, Crisis Counseling, Crisis Hotline Counseling, Emergency Legal Advocacy, Followup Contact, Group Treatment, Information and Referral (In person), Personal Advocacy, Telephone Contacts (Information and Referral),
Arizona's Children Association	Tucson	AZ	Adult Sexual Assault, Adults Molested as Children, Child Sexual Abuse, Domestic	Rape Crisis	Assistance in Filing Compensation Claims, Criminal Justice Support/Advocacy, Crisis

The Gaps in DMST

There are several gaps when it comes to sex trafficking and DMST, most of which boil down to a lack of information and utilization of the available resources. It is difficult to spread information on pregnancy and STI resources, food and shelter locations, and therapeutic interventions to victims. Each reason can be contributed to the concealing and transient nature of sex trafficking paired with social stigma surrounding victims.

There is a lack of tracking protocol for many organizations due to the transitory circumstances victims of sex trafficking face, the lack of continual communication with victims, and lack of recordkeeping systems of human trafficking investigations (Newton, 2008). The Delaware Healthcare Association announced in May 2019 that Delaware hospitals have adopted a common protocol for identifying and assisting human trafficking victims (American Hospital Association, 2019). Many individuals do not know how to identify victims, even individuals who work alongside victims in capacities such as healthcare workers, social workers, or hotel employees.

Victims typically do not want or know how to reach out for help. They may not have access to resources for safety, food, shelter, and any other basic life necessity. This is partially due to the lack of appropriate and accessible services for victims. Many victims of sex trafficking and DMST are also victims of sexual assault, as earlier mentioned. They need medical and therapeutic services to be able to escape their situations, but also to cope and heal from them as well. Other services a victim might need that are not readily available are pregnancy counseling, self-defense classes, babysitters, safe housing, and food (Newton, 2008).

While there are some resources for healthcare or community worker provider training, they are not developed by many states. In December 2018, the United States' 115th Congress passed the *SOAR to Health and Wellness Act of 2018 (2018)*. This act, also known as Project SOAR, provides training to healthcare and social service providers in identifying potential human trafficking victims, work with law enforcement to report and facilitate communication with such victims, refer victims to social or

victim service agencies or organizations, and provide such victims with coordinated care tailored to their circumstances (SOAR to Health and Wellness Act of 2018, 2018).

The Department of Homeland Security (DHS) has the “Blue Campaign” that provides materials, trainings, videos, and a yearly strategic action plan that works to support victims of human trafficking. There are four goals on the Blue Campaign, first being to align the strategic, coordinated approach to providing services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels. Second is to improve the understanding of victim services through research, data collection, and evaluation of evidence-based practices used in victim services. Third is to expand access to those services through outreach promotion and provision, training, and technical assistance. Fourth is to improve the outcomes through promoting effective, culturally appropriate, trauma-informed services that improve the health, safety, and well-being of victims (Department of Homeland Security, 2019). As previously noted, not every state in the US utilizes these resources and implements victim services to the extent that they can.

There are legal and prosecutorial issues that lead to sexual misconduct and/or abuse of victims of sex trafficking or sex work by law enforcement. The cracks in the system allow police officers to engage in sexual contact with sex workers and sex trafficked minors within the parameters of a prostitution investigation (Blanks, 2017). They incur abuse of power, negligible acts while on the clock, and exploitation of vulnerable populations (especially minors, drug users, the mentally ill). Law enforcement officers are also known to not take sex trafficking or sexual assault cases as

seriously as other crimes due to their preconceived notions that rape and sexual assault are rare and their circumstances are almost always negligent on the victim's behalf (K. Robinson/ R. Lara, 2019, personal communication). As previously noted, 40% of minors arrested for prostitution were seen as offenders, not victims (Halter, 2010). Only a small portion of pimps and traffickers are ever arrested; their arrests rely on victim statements and survivor testimonies which are difficult to obtain due to fear or reluctance to come forward against their pimps or traffickers (Shively, 2012).

Funding for victims of trafficking is through the National Human Trafficking Victim Assistance Program in the United States. The funds come from a series of grants and cover costs including case management provision, referrals, emergency assistance (food, clothing, shelter), housing, employability services, mental health screening and therapy, medical care, and some legal services for victims of human trafficking and certain family members (Benefits.gov, 2019). Funds for victims for Arizona specifically come from the Human Trafficking Victim Assistance Fund (HTVAF) through the governor's Office for Children Youth and Families (A.R.S. § 41-114). The funds are separate from the general Victim Compensation funds derived from fees from the convicted criminals in each county (R. Cortana, 2019, personal communication). The HTVAF allocates funds to victims based on specific criteria and eligibility requirements (A.R.S. § 41-114). In many cases, victims of sex trafficking and human trafficking are not aware of the funds available to them through these statutes, nor are they aware that they have rights when it comes to legal proceedings (R. Cortana, 2019, personal communication). Many of these funds are reliant on paid fees of convicted criminals

(legal fees, processing fees, etc.) and some states have more or less than others, causing a flux of how much financial and material support victims of sex trafficking (and human trafficking) can receive (R. Cortana, 2019, personal communication).

Other gaps relate to barriers to services, cultural and linguistic backgrounds, health literacy levels, and educational backgrounds of the minors being sex trafficked. Many victims drop out of secondary education in pursuit of drugs, sex, or both (Rosenblatt, 2014). Dropping out decreases their health literacy levels as well as their ability to access services and resources (Rosenblatt, 2014).

Interventions

The most one can do in any of these gaps is to fill the gaps. Several different ways to fill the gaps start at prevention, intervention, post-intervention, and end with (global) societal change.

Prevention (also known as primary prevention) is typically seen before an event occurs (Long, 2018). In this case, prevention is before a minor is recruited, involved, or sold into sex trafficking. This works well in an educational setting in primary and secondary schools when the primary age group of minors start out in sex trafficking (ages 10-15). They will be educated on self-esteem, empowerment, confirmation, affection, acceptance, and more solid topics such as nutrition, violence minimization, problem solving, proper sex education (more than solely abstinence), drug use/abuse, substance use/abuse, and mental health coping techniques (Long, 2018).

Intervention (also known as secondary prevention) is a more active role for individuals where they are targeted either during or after their exposure to sex

trafficking (Administration for Children and Families, 2019b). This is shown by several international organizations such as the International Justice Mission (IJM), Rapha House, Polaris Project, Project REACH, Shared Hope International, Agape International Missions (AIM), the A21 Campaign, the Anti-Slavery Coalition, and more. These organizations actively intervene the sales of sex of minors and adults (with the help of law enforcement) in the hopes of rehabilitating the victims and convicting the perpetrators (Administration for Children and Families, 2019b).

Post intervention (also known as tertiary prevention) is the last type of intervention that helps victims of sex trafficking, especially minors, be rehabilitated and healed after their (hopefully) last exposure to sex trafficking, and then subsequently reintegrated into society (Mathon-Mathieu, 2016). This is seen by several rehabilitation centers within the United States and internationally. The most notable rehabilitation centers include The Hope Project, Agape International Missions, Redeeming Love, Polaris Project, and Love 146. Note that both secondary and tertiary means of intervention are carried out by the same, if not similar, organizations.

Societal change is the most difficult form of intervention due to the degree of change being much slower and harder to see. Just as if topics of sex are socially acceptable and commonly found, so should the conversations surrounding sex trafficking be and the discussions of solving this growing epidemic.

Interventions are at the center of any public health effort. In the case of sex trafficking, there are few interventions that are shown to be practical in most settings, unfortunately not in most DMST settings. It is difficult to intervene with children due to

the increased measures of including their parents or legal guardians in the process, as well as ethical standards if parent(s) or legal guardian(s) refuse to have their child participate in the intervention (Able, 2017). It is also difficult to target this particular population due to their status as runaways and being homeless (Able, 2017).

One intervention is famous among scholars -- The Trafficking Victims Protection Act (TVPA) of 2000. This policy intervention provides prevention, protection, and prosecution efforts to combat sex trafficking (Trafficking Victims Protection Act of 2000). The Preventing Sex Trafficking and Strengthening Families Act of 2014 directly targets youth in the foster care system and aims at reducing the incidence of sex trafficking among that population (Trafficking Victims Protection Act of 2000). There are other state and federal laws that address human trafficking, which encompasses sex trafficking, but they generally lie at the threshold between prevention and prosecution, both of becoming sex trafficked but also of facilitating any portion of a sex trafficking transaction (Reza-Paul, 2012).

Another set of interventions is not at the policy level, but at the interpersonal level: with the provision of resources for sex trafficked victims once they escape or leave the industry. One study on a community in India described a successful community-led intervention where the community implemented numerous structures against the current, fractured governing system and included safer spaces for sex workers to come and receive crisis management and advocacy (Reza-Paul, 2012). Other interventions include healthcare provision or supplementation, social services, child welfare, homeless shelters, and law enforcement (Hammond, 2014).

Prevention interventions are helpful to combat sex trafficking before it happens. One research report presented a human trafficking screening tool in child welfare and runaway and homeless youth systems (such as foster care, group homes, etc.) that allowed researchers to identify those who are at a higher risk for becoming sex trafficked (Dank, 2017). This report showed a way to predetermine signs of human trafficking and can be implemented for sex trafficking as well. Prevention interventions are key to solving the human rights issue of DMST, it is only a matter of time until they take root and are able to address all aspects of the issue.

Analysis

Given the background and population, DMST has afflicted international communities for a long time and has created a culture of tolerance and indifference through government anti-trafficking initiatives and extensive media coverage (Berman, 2003). The intent for government intervention has been valiant, but underestimated and underutilized (Foerster, 2009). Media coverage had similar intentions as well -- to be the voice advocates for the poor and powerless victims who are in the sex trafficking industry (Berman, 2003). Unfortunately, this has led to increased crime against these vulnerable populations and increased exploitation of members of the LGBTQ+ communities, the mental ill, and migrants by discrimination, misrepresentation, and marginalization (Berman, 2003). DMST is encompassed under the umbrella of human trafficking, and in some ways, it is its own umbrella. DMST has a different set of circumstances than typical human trafficking -- minors have more vulnerabilities due to

their individual socioeconomic status, their age, their gender or gender-preferences, their mental or physical disabilities, and their lack of social standing.

Domestic minor sex trafficking causes a ripple effect of trauma to its victims: sexual assault, mental health, reproductive health issues, and more. Everyone encounters risks that increase the likelihood of being sex trafficked, and there are shields that protect each person from those risks. Sex trafficking of a minor affects not only their internal structures of personality, attitude, learning, and knowledge. It affects their immediate surrounding friends and family, their communities, the institutions and societal structures that provide environments of growth or stunting. Sex trafficking of minors within the United States is a difficult topic. It prevents those who need help from getting it; help can come in the form of education, physical intervention from law enforcement or the legal system, services for mental and physical help, and more. There is a lack of understanding of the magnitude of this issue, let alone of the individual issues encapsulated in DMST. There is no one way to fix this growing epidemic, there are many factors and entities that must work together to solve this.

Conclusion and Synthesis

Domestic minor sex trafficking (DMST) is a national and silent issue. The United States has continually increasing numbers of minors end up in the sex trafficking trade (Roe-Sepowitz, 2017). In a 6-year review by Arizona State University, there was an alarming increase of sex trafficking cases in the US from 2010 to 2015: in 2012, there were 97 reports and in 2015, there were 360 reports (Roe-Sepowitz, 2017). The demographics of the minors are vast. The majority are female (98.8%) and runaways

(67.1%) (Roe-Sepowitz, 2017). Others include members of the LGBTQ+ community, boys \leq 18 years old, mentally and/or physically disabled, and prior victims of abuse (Fedina, 2016; Levine, 2016; Yates, 1991; National Conference of State Legislators, 2016). There is not one solution to this alarming issue. Each facet presented (and not all of them were presented) have several correlating factors that must be addressed prior to solving any part of the issue of domestic minor sex trafficking.

Politics, economics, morals, and social systems all come together to create the breeding grounds for cooperation and intervention in the face of sex trafficking. There is a need for more information on the entirety of this topic, and that is where the discussion could proceed. What will be an effective, economical, safe, empowering, replicable, and informative (for all parties involved) intervention to combat domestic minor sex trafficking in our lifetime?

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Chapter Three: Proposed Solution

Introduction

Domestic minor sex trafficking (DMST) has reached epidemic proportions. More children are sold into sex slavery and trafficking than ever before. It is no longer on the streets -- it is now online and accessible almost anywhere. DMST unknowingly hits close to home for many people due to its elusive and transient nature. In 2018, over 22,000 victims or survivors of sex trafficking were identified in the United States (Human Trafficking Hotline, 2019). Intervention is key to preventing introduction to sex slavery and key to rescuing survivors and restoring them to their full potential.

One particular intervention that was most effective and a critical intervention for runaway youth was the Runaway Intervention Program (RIP). This program was developed by Dr. Laurel D. Edinburgh and Dr. Elizabeth M. Saewyc to address the risk of sexual violence among runaway adolescents. This program used a strengths-based approach to educate at-risk or high-risk adolescents and runaways (and potentially their parents/guardians) through frequent home and school visits, case management, and empowerment groups. These various educational opportunities allowed the runaways to address their high-risk status for sexual assault and other factors such as health-compromising behavior (drug use, criminal activities, and violence), sexual victimization, and substance use/abuse.

The Sex Trafficking Education and Prevention Program (STEPP) is directly based on the Runaway Intervention Program. The STEPP implements a variety of interventions initiated by the RIP as well as goes into deeper interventions and detail.

The pilot program for STEPP will be primarily run through Tucson's Reunion House, a crisis shelter for abused, homeless, and runaway teenagers (ages 12-17). Reunion House has a great many resources that STEPP staff will be able to utilize for the program intervention and follow-up interventions. Other community partners that are going to be working with STEPP staff include Tucson Unified School District (TUSD), Department of Child Safety (DCS), Tucson Police Department (TPD), Southern Arizona Center Against Sexual Assault (SACASA), Free Ever After, CODAC, and more organizations with ties to human and sex trafficking prevention and/or recovery. The mission of STEPP is to identify and empower future victims and current survivors of DMST through education, prevention, and restoration interventions.

Problem Statement

In Arizona, sex trafficking is an ever growing concern. Due to its location at the US-Mexico border and vast interstate connections (I-10, I-40), Arizona has a high rate of trafficked victims. The US Department of Justice found that Phoenix, Arizona is one of the top trafficking jurisdictions in the country (Krol, 2019).

Domestic minor sex trafficking (DMST) is 100% preventable, but without the proper tools and engagement, it seems impossible. Without intervention, minors who are sexually exploited are 40 times more likely to die than the national level in children (Cecchet, 2014). While there have been numerous "after-care" interventions for sex trafficking victims, few if any focus on preventing at-risk populations from entering the sex trafficking trade in the first place. Prevention and care for at-risk populations should include empowerment, skills building, building stronger protective factors, individual

and group therapy (also for those who are currently trapped in DSMT), and proper (re)integration into society.

This is where the Sex Trafficking Education and Prevention Program (STEPP) comes into play. STEPP is an all-inclusive program that integrates all the areas aforementioned in preventing DMST from happening in the first place. STEPP can be augmented for different geographic locations because it uses community resources to implement the program and keep it going throughout the target community. If communities adopted STEPP into their community infrastructure, the at-risk population of minors that are primarily targeted for DMST, they would experience lower rates of DMST and associated risk factors.

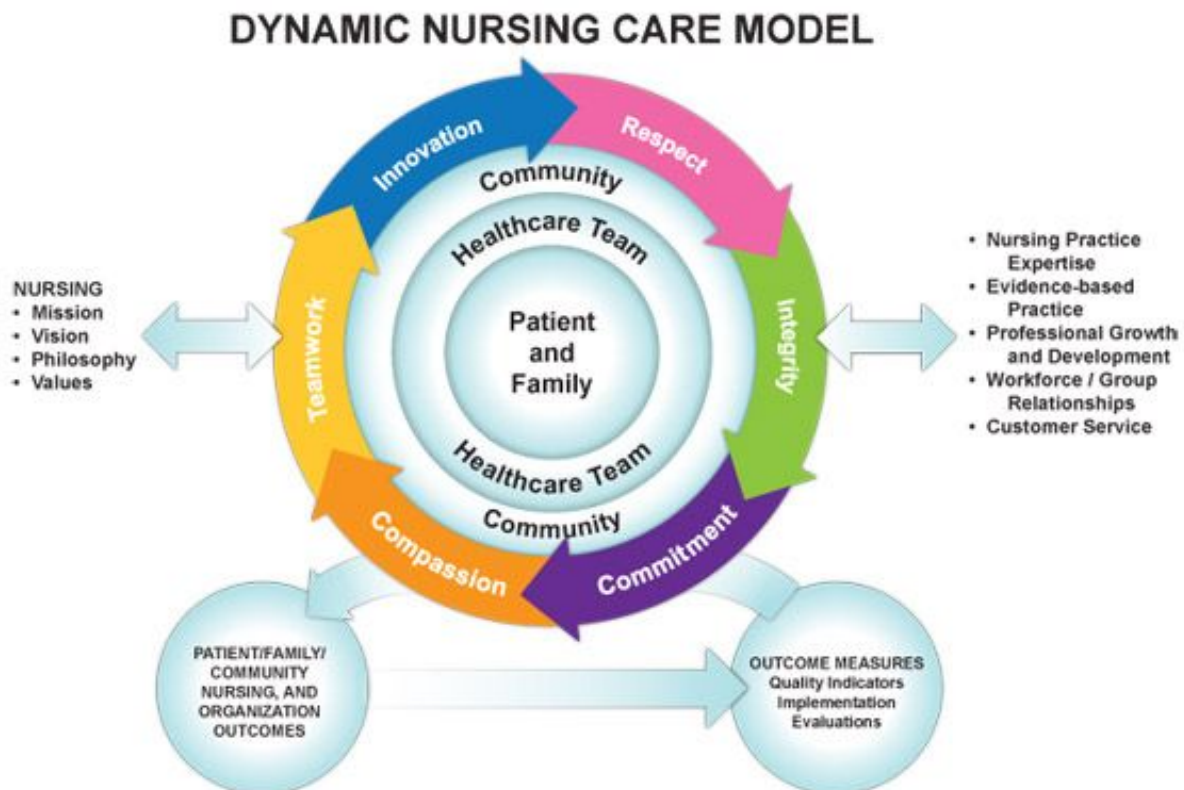
Theoretical Framework

In order to have an all-inclusive prevention program that addresses all the risk factors for potential DMST or at-risk minors, it is important to set up a framework that will best serve this population's needs. STEPP is based on several theories that guide the program. As previously mentioned, the guiding force for the first half of the program is the Runaway Intervention Program (RIP). RIP used the dynamic nursing care model (see figure 6) as its first theoretical frame. For STEPP, The nursing model of care explains the use of individual and group therapies, and the community awareness trainings (Bounds, 2017). The nursing care model keeps the patient at the center of the program, with the next level of impact is the healthcare team that directly reaches the patient. This model ensures that each individual participating in the program has their specific needs accommodated and met appropriately. One participant might need more

individual counselling and less community support, whereas another participant might need a more rigorous case management and empowerment groups and less individual counselling. One size does not fit all.

The next level of patient care described by the dynamic nursing care model is community, which is seen through STEPP by the home and community visits. These visits allow the program staff to evaluate the best way to intervene the youth in the program and create better environments for the best results of the program. Other factors that create impact of the nursing care model include commitment, compassion, innovation, integrity, respect, and teamwork. These factors are able to be implemented by the program staff at all levels of care for the participants.

Figure 6: Dynamic Nursing Care Model (Elf, 2007).



The second theory guiding STEPP is the developmental traumatology model of child maltreatment. This model explains the health and behavioral effects of the running away and sexual exploitation (Edinburgh, 2009). The theory (De Bellis, 2001; Rock, 2018) outlines the key development effects in maltreated children. Trauma creates developmental differences in both children and adolescents, and those differences can provide more information for opportunities for resilience and possible early interventions. The idea behind using this the developmental traumatology model of child maltreatment theory is to see where children and adolescents who have experienced trauma are falling down the curve. This is so that interventions can be done prior to a down-curve and the child or adolescent don't suffer from any long-term negative consequences (e.g. PTSD) from the trauma they experienced (De Bellis, 2001). This comes in the form of the home and community consultations in STEPP. Consultations are used to first evaluate the severity of each individual's circumstances, where to fit the proper intervention pieces together, and how to create a safe space to do so long-term. DMST can cultivate all forms of trauma, and this theory explains where, how, and when those traumas take place in order to stop them from happening again (De Bellis, 2001).

The last theory guiding STEPP is the Resilience Theory. This theory informs the health promotion intervention. The Resilience Theory focuses on positive contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviors, mental distress, and poor health outcomes in a person's life (Zimmerman, 2014). These are the protective factors an individual has that encourages

positive youth development (Zimmerman, 2014). This theory can be seen in STEPP by the empowerment group counselling sessions that take place weekly for the duration of the program. Resilience is shown and taught to the participants as a way to fully exit the domestic minor sex trafficking (DMST) that they are involved in.

Needs Assessment

This year (2019) has been a momentous year in terms of national news and sex trafficking coming to light. Jeffrey Epstein was arrested in January 2019 and convicted of trafficking minors for sexual ‘favors’ in July 2019 (US District Court, 2019). His death in August 2019 while awaiting sentencing only heightened the public awareness and scrutiny towards Epstein’s elite social circle including former US President Bill Clinton and British royal Prince Andrew (Cronkin, 2017). Due to the public outcry of injustice for minors trapped in the sale of their bodies, the Pima County Attorney’s Office requested a thorough investigation and in-depth solution for the county to actively pursue in fighting domestic minor sex trafficking (DMST). The investigation included several community partners, Tucson Unified School District, county public health officials, and the University of Arizona’s very own Public Health student, Rebekah Glassy.

The investigation committee came to the conclusion that an all-inclusive program needs to be created and implemented for minors at-risk of DMST in Pima County. STEPP was born out of those many conversations and collaborations with several community partners.

Ideally, minors ages 10-18 in Pima County are the best candidates for STEPP due to the associated risk of being sex trafficked. The goal of the program is to reduce the incidence of individual risk factors of DMST in the target population. In reality, it will be difficult to completely eradicate the incidence of all individual risk factors, especially in minors, but it is possible to reduce them nonetheless. In Arizona in 2018, 231 cases of human trafficking were reported 158 of them were cases of sex trafficking (Human Trafficking Hotline, n.d.). Of the 231 cases, 50 of them involved minors. Of the 158 sex trafficking cases, 14 were hotel/motel based, 14 were residence-based, 9 were street based, and 8 were for pornography (Human Trafficking Hotline, n.d.). As a state, Arizona is ranked 16th for number of cases of human trafficking (including sex trafficking) (Sorrell, 2017). Maricopa County, Arizona has the highest rate of cases of human and sex trafficking, followed by Pima County, Arizona (Shared Hope International, 2010). The proposed program will first be implemented in Pima County due to it being a pilot program which will be improved small-scale before moving to larger areas like Maricopa County. The Sex Trafficking Education and Prevention Program (STEPP) was created with the minors in Pima County and all the community partners in mind, as well as the end goal of reducing the incidence of individual risk factors for entering in the domestic minor sex trafficking trade.

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Chapter Four: The Sex Trafficking Education and Prevention Program (STEPP)

Statement of Purpose

The proposed program was created to meet the needs of at-risk minors ages 10-18 in Pima County, Arizona in order to decrease the incidence of individual risk factors associated with domestic minor sex trafficking in and around the county. Pima County's program is called Sex Trafficking Education and Prevention Program (STEPP). Nearly 1 in 5 (20%) youth under the age of 18 will run away at least once (Pergamit, 2010). In a study from 2017, researchers found that 68% who had been trafficked or engaged in survival sex or commercial sex had done so while homeless (Murphy, 2016). STEPP was developed to decrease those statistics in Arizona and create a replicable intervention that can be used in unison with other intervention programs to collectively eradicate domestic minor sex trafficking and other forms of trafficking in the United States.

The program aims to decrease the risk of entering the sex trade via trafficking among 10-18 year olds in Pima County specifically. It will identify the most relevant risk and protective factors of the program participants, and hopefully gain further insight into how to best cater to their needs throughout the program and beyond in order to initiate the path towards responsible reintegration into society. The program will first recruit minors at risk of or already involved in DMST and in Unit 1 those individuals will be able to partake in individualized therapy that addresses the internal and external factors of sex trafficking (See Figures 1 and 2 for more information). Unit 2 allows the

program staff to enter into the participants' homes to determine the environments that are best to foster those previously mentioned protective factors, and to identify the risk factors associated with the environment that can be eliminated in the best interest of the program participants. Unit 3 goes further into that by addressing the large-circle community. Communities tend to resist any knowledge of illicit activities. Unit 3 consists of program staff and program participants engaging in educating the participant's direct environments/communities about the visible and invisible risk factors, how to identify potential victims or current victims of sex trafficking, and how to get them in contact with the proper authorities who will rescue them from their situations. Unit 3 will also work with communities to grow closer to foster the protective factors of DMST, and build the community trust of the proper authorities (whether it be law enforcement, safe shelters, and more). Unit 4 will focus on group empowerment therapy. Group therapies have been shown to create a community based on a set of commonalities (American Psychological Association, n.d.). Unit 4 will also be a wrap-up of the entire program, ending with the proper tools to move forward, a continued community group spearheaded by the participants (without direct program staff involvement), and reintegration into a 'new normal' consisting of employment, housing, community connections, and consistent/affordable childcare (if applicable).

Each session in each unit, whether it be individual therapy session or empowerment groups, is covered under the Arizona Medicaid Insurance. Furthermore, the STEPP intervention will provide a minimum of 8 individual sessions with a

Medicaid-covered and STEPP-approved therapist specializing in cognitive behavioral therapy.

STEPP Program Plan

Goal

To decrease the incidence of individual risk factors of DMST of minors ages 10-18 in Pima County, Arizona.

Target Population

Minors ages 10-18 in Pima County, Arizona who are at risk for entering the Domestic Minor Sex Trafficking (DMST) industry.

Objectives

Outcome Objectives

1. Six months after the program, 50% of participants who completed the program will have left their trafficking situations for a minimum of two months, as documented by the six-month followup survey.
2. Seventy percent of program participants who completed the STEPP program will score at least 15% higher in their post-program evaluation than their pre-program evaluation, as recorded by program staff.

Process Objectives

1. Prior to the creation and implementation of the STEP program, the program coordinator will conduct a community assessment to determine the need of a sex trafficking education program in Pima County, as documented by the completed

assessment presentation to community partners and the Pima County Attorney's Office.

2. Six months before the start of the program, the program staff will begin contacting community partners to confirm their commitment to offering services to the program participants, as documented by signed contracts with each community partner.
3. One month prior to starting the program, the program coordinator will begin collecting materials needed for each unit their subsequent sessions, as documented by a completed checklist of materials.
4. Two weeks prior to starting the program, a confirmation of participants to the program will be conducted, as documented by phone, email, or in-person confirmation.
5. One week prior to starting the program, program staff will be given an intensive training on facilitation of each session; community partners will be brought in on the training as appropriate, as documented by sign-in and sign-out logs on each training day.

Behavioral Objectives

1. By the end of Unit 1 Session 6, 80% of the participants in the program will implement at least one form of self-care, as recorded by activity logs turned into the therapist at the end of each session.

2. By the end of Unit 2 Session 1, 80% of the participants in the program will execute a measurable change of one physical *risk* factor that impacts them directly, as recorded by the program facilitator's digital notes.
3. By the end of Unit 2 Session 1, 80% of the participants in the program will execute a measurable improvement of one physical *protective* factor that impacts them directly, as recorded by the program facilitator's digital notes.
4. By the end of Unit 3 Session 1, 30% of the participants in the public forum will sign a commitment of their time to the program, as recorded by the pledge cards collected by program facilitators at the end of the session.
5. By the end of Unit 4 Session 1, 80% of the participants in the program will implement one protective self-care activity with another participant, as recorded by activity logs returned to the program facilitator.

Learning Objectives

1. By the end of Unit 1, 60% of participants in the program will identify three risk factors they have encountered, as recorded by program facilitators.
2. By the end of Unit 2, 65% of participants in the program will identify four triggers in their homes(s) that could lead to sex trafficking, as recorded by the Unit 2 checklist submitted to program facilitators.
3. By the end of Unit 3, 70% of participants in the program will respond and act to a controlled skit-like sex trafficking scenario within their community, as recorded by program facilitators.

4. By the end of Unit 4, 75% of participants in the program will construct a visual presentation describing the actions they will take if offered anything for sexual favors, as recorded by program facilitators.

Table 1: STEPP Block Plan
STEPP Block Plan

STEPP Block Plan				
	Unit 1 Individual Therapy	Unit 2 Home Consultations	Unit 3 Community Consultations	Unit 4 Empowerment Group Therapy
Session 1	Introduction and Initial Observations 45 minutes	Introduction and Initial Observations 50 minutes	Introduction and Initial Observations 50 minutes	Introduction and Initial Observations 50 minutes
Session 2	Risk Factors 55 minutes	Changes or Removal 50 minutes	Risk and Protective Factors in the Community 50 minutes	Risk Factors 55 minutes
Session 3	Risk Factors 55 minutes	Next Steps 50 minutes	Signs and Reporting 50 minutes	Protective Factors 55 minutes
Session 4	Protective Factors 55 minutes	Protective Factors at Home 50 minutes		Building Positive Community 55 minutes
Session 5	Protective Factors 55 minutes			Next steps 55 minutes
Session 6	Self-care 55 minutes			Self-care 55 minutes
Session 7	Moving Forward 55 minutes			Feedback Night 55 minutes
Session 8	Moving Forward 55 minutes			Finishing Up 75 minutes

Methods/ Strategies/ Learning Opportunities**Unit 1 Lesson 1 Methods**

- Introduction/Ice Breaker
 - Pop My Balloon Activity: Both participant and therapist take turns trying to pop their small-sized balloon. Each attempt results in one shared fact about each other (Appendix A).
- Audiovisual Materials, Computer-Assisted Instructions, Lecture
 - “What is trafficking?” PowerPoint using the computer and projector
 - “Statistics About Trafficking” PowerPoint using the computer and projector
 - Video: Life Story of Katariina Rosenblatt
- Self-Assessment
 - “What is My Risk?” Self assessment online quiz
 - Learning Objective 1 for Unit 1 Lesson 1

Unit 2 Lesson 1 Methods

- Getting Acquainted/Icebreaker
 - “Chubby Bunny:” The participant and the program facilitator will each take turns saying “Chubby Bunny” as they put one marshmallow in their mouths without swallowing, chewing, or spitting out. The winner is the one with the most marshmallows in their mouth and still have the ability to say “Chubby Bunny” coherently (Appendix E).
- Brainstorming/Discussion

- Fears and Failures (Appendix F)
- Peer education, brainstorming
 - Identifying Risk Factors activity (Appendix G)
- Brainstorming, Survey
 - Unit 2 Session 1 End of Lesson Survey (Appendix H)

Unit 3 Lesson 1 Methods

- Lecture, Audiovisual materials, computer-assisted instruction
 - “What is Trafficking” Powerpoint (Appendix B) using the computer, projector, USB drive, speakers and slide clicker
 - “Statistics of Sex Trafficking” (Appendix C)
 - “Kat’s Life Story” video
 - “Community Resources” (Appendix I)
- Lecture, Peer Education, Brainstorming
 - “Community Resources” PowerPoint (Appendix J) using the computer, projector, USB drive, and slide clicker
- Value Clarification
 - “I Pledge Myself” (Appendix L)
- Survey
 - Sign-Up to Volunteer” (Appendix K)
 - Unit 3 Session 1 End of Lesson Survey (Appendix M)

Unit 4 Lesson 1 Methods

- Get acquainted/Ice-breaker

- “Toilet Paper” Game (Appendix N)
- Audiovisual materials, computer-assisted instruction, lecture
 - “Unit 1 & 2 Overview” (Appendix O)
 - “Risk and Protective Factors” (Appendix P)
- Brainstorming, Survey
 - Unit 4 Session 1 End of Lesson Survey (Appendix Q)

Behavioral Objective Evaluation

6. By the end of Unit 1 Session 6, 80% of the participants in the program will implement at least one form of self-care, as recorded by activity logs turned into the therapist at the end of each session.
 - a. Self-care can be measured by effort or not.
 - i. 0 points -- no effort
 - ii. 1 point -- yes effort
7. By the end of Unit 2 Session 1, 80% of the participants in the program will execute a measurable change of one physical *risk* factor that impacts them directly, as recorded by the program facilitator’s digital notes.
 - a. The program facilitator’s digital notes will record the risk factor change to refer to in later sessions in order to record improvements.
8. By the end of Unit 2 Session 1, 80% of the participants in the program will execute a measurable improvement of one physical *protective* factor that impacts them directly, as recorded by the program facilitator’s digital notes.

- a. The program facilitator's digital notes will record the protective factor improvement to refer to in later sessions in order to record improvements.
9. By the end of Unit 3 Session 1, 30% of the participants in the public forum will sign a commitment of their time to the program, as recorded by the pledge cards collected by program facilitators at the end of the session.
- a. The pledge cards will be used in further sessions and communication with the participants as they progress in the program, and as the program facilitators contact the participants after the end of the program.
10. By the end of Unit 4 Session 1, 80% of the participants in the program will implement one protective self-care activity with another participant, as recorded by activity logs returned to the program facilitator.
- a. The activity logs will allow the facilitator to know who did and did not participate in a protective self-care activity creating a sense of "community." The program facilitator will be measured by effort and completion.
 - i. 0 points -- no effort, no completion
 - ii. 1 point -- little effort, little completion
 - iii. 2 points -- little effort, completion
 - iv. 3 points -- yes effort, completion

STEPP Content Outline**I. Unit 1 Lesson 1: Sex Trafficking in My World****A. Introduction**

1. Ice Breaker: Pop My Balloon (See Appendix A)

B. What is trafficking?

1. Trafficking definitions, similarities, and differences
 - a) Sex trafficking, human trafficking

C. What in my life have I seen as trafficking?

1. Life Story of Katariina Rosenblatt

D. Statistics about trafficking

1. Sex trafficking
2. Health and wellbeing
3. Societal impacts
4. Economics

E. How to self-screen for trafficking in my life

1. “What is My Risk?” Self Assessment online quiz
2. Awareness of what it looks like for survivors and victims of trafficking

F. End of Session Survey**G. Questions, Comments, Concerns****II. Unit 2 Lesson 1: Sex Trafficking in My Life****A. Introduction**

1. Ice Breaker: Chubby Bunny
2. Introduce participant and Unit 2 Facilitator

B. Fears and Failures of Sex Trafficking

1. Fear of:
 - a) Recidivism to the “old way” or “familiar way”
 - b) Retaliation or death
 - c) Unknown future
2. Failure to:
 - a) Remove self from all toxic surroundings
 - b) “Move On” from pimps or traffickers
 - c) Sober up
 - d) Get an education
 - e) Thrive in society

C. Identifying client’s individual Risk & Protective (R&P) Factors from Unit 1

1. Risk Factors
 - a) Individual
 - b) Interpersonal
 - c) Community
 - d) Institutional
 - e) Structural
2. Protective Factors
 - a) Individual

- b) Interpersonal
- c) Community
- d) Institutional
- e) Structural

D. Walk-through of participant's home

- 1. Identifying specific Risk & Protective Factors in client's home
- 2. Creating an individualized plan with client about R&P Factors
 - a) Potential promotion of protective factors
 - b) Potential removal of risk factors

E. How will this affect me in the long term?

- 1. Working with client to plan for future R&P Factors that surface as time progresses
- 2. Healthy coping mechanisms for letting go of toxic environments, attitudes, lifestyles, etc.

F. End of Session Survey

G. Questions, Comments, Concerns

III. Unit 3 Lesson 1: Sex Trafficking in My Community

A. Introduction to Trafficking

- 1. Human and Sex Trafficking Definitions
- 2. National Statistics

B. Why Pima County?

- 1. Pima County Statistics

- a) Runaways
- b) Sexual Assault
- c) Human Trafficking
- d) Sex trafficking

(1) DMST

(2) Forced prostitution

(3) Survival Sex

C. Need for community support and knowledge

- 1. Resources available to the community
- 2. Sponsored community outreach
- 3. Areas in need of improvement

D. Community discussion, questions, concerns.

- 1. Where is help needed?
- 2. How can I help?
 - a) Donations, volunteering, support our efforts and efforts all around the community

E. End of Lesson Survey

IV. Unit 4 Lesson 1: Sex Trafficking In My Circle

A. Introduction

- 1. Ice Breaker: Toilet Paper Game (See Appendix B)
- 2. Unit 1 and 2 overviews

B. Lessons for each Unit 4 Session

1. Risk and Protective Factors
2. Building Positive Community
3. Next Steps
4. Self-care

C. Risk and Protective Factors

1. Comparing R&P Factors
2. Why do we each have the same but different R&P Factors?
3. How do we problem solve this?
4. What are the difficulties of each R&P Factor?

D. Feedback for program facilitators

E. Questions, Comments, Concerns

F. End of Session Survey

Unit 1: Individual Therapy**Community Setting:**

Reunion House (2590 N. Alvernon Way,
Tucson, AZ 85712)

Topic/Unit:

Sex Trafficking Education and
Prevention Program (STEPP)

Unit 1:

Individual Therapy

Session 1: Sex Trafficking In My World

Age of Target Population:

Ages 10-18

Date:

September 8, 2020

Demographics:

This program will be inclusive of all
racial/ethnic groups, genders, and is
accessible for individuals with
disabilities

Learning Objectives for Unit 1

1. By the end of Unit 1, 80% of participants in the program will identify three risk factors they have encountered, as recorded by program facilitators.
2. By the end of Unit 1, 80% of participants in the program will explain the three theories behind STEPP, as recorded by the program facilitators.

Introduction to Unit 1

Welcome to your first session for STEPP. I am thrilled to be working with you this fall to create a better future for ourselves. The roadmap for this session is first an ice breaker for you and me to get to know each other a little better. Then I'm going to show you information about trafficking, what it is, who is affected by it, why it is important to address, and more. A good friend of mine was able to make a short video for you to watch to understand trafficking a little better. Then we will end with a self-assessment for me to get to know where you are in your life journey so the future sessions can be

more fruitful and productive for both of us. If you have any questions, please interrupt me. I want this to be a safe space for you. And let's get started!

Table 2: Unit 1 Session 1 Content Outline

Unit 1 Session 1 Content Outline	Method/Strategy	Estimated Time (45 min)	Materials Needed
I. Introduction A. Pop My Balloon	I. Get Acquainted A. Ice-breaker	5 minutes	2 Balloons (per participant) 2 black Sharpie markers 2 printed copies of “Pop My Balloon” Instructions (Appendix A)
II. Purpose Behind STEPP a. What is Trafficking?	II. Audiovisual Materials, Computer-Assisted Instruction, Lecture	10 minutes	1 USB drive 1 Computer 2 printed copies of “Purpose of STEPP” PowerPoint (Appendix B)
III. Statistics of Sex Trafficking	III. Lecture a. Computer-Assisted Instruction b. Discussion	8 minutes	2 printed copies of “Statistics of Sex Trafficking” (Appendix C)
IV. What in MY life have I seen as trafficking? a. Katariina Rosenblatt	IV. Lecture a. Computer-Assisted Instruction b. Audiovisual Materials	10 minutes	1 USB drive 1 Computer 1 electronic copy of “Kat’s Life Story” video
V. What is my risk?	V. Self-Assessment	7 minutes	2 printed copies of “What is my risk?” (Appendix D)
VI. Lesson Overview	VI. Brainstorming a. Discussion	5 minutes	2 notebooks 2 black pens

Culmination

This is all we have for today. As we wrap up, do you have any questions? It is a lot to take in, so please let me know maybe during this next week if you have any questions. I am here FOR you. Next week we're going to be meeting at the same time, same place. I believe we are going over risk factors of sex trafficking, which will be really good. I want to hear what you have to contribute, so please come and relax. Feel free to text or message me online this next week if you want to talk more or have any other questions. I have a small survey at the end for quality assurance as well. I'll see you next week!

Anticipated Problems

- Participants do not feel comfortable participating 1-on-1 with a licensed therapist/counselor during the discussions.
 - Solution: They will not be forced to interact with the therapist/counselor, but they will be strongly encouraged that the space is confidential and no one will know what happens during the session and any subsequent sessions
- Online quiz does not function properly.
 - Solution: Program facilitator (therapist/counselor) will have a paper copy of the online quiz to be taken manually or read aloud with the participant to calculate their personal risk of being sex trafficked.

Evaluation of Learning Objectives

1. By the end of Unit 1, 80% of participants in the program will identify three risk factors they have encountered, as recorded by program facilitators.

- a. After the “What Is My Risk” quiz, the participant will verbally discuss with the therapist/counselor the top 3 risk factors they received in their quiz results.
2. By the end of Unit 1, 80% of participants in the program will explain the three theories behind STEPP, as recorded by the program facilitators.
 - a. After the first powerpoint, the participant will reiterate the three theories used in the lecture. The therapist/counselor will record the participant via notes to look back on in later sessions.

Unit 2: Home Consultation**Community Setting:**

Reunion House (2590 N. Alvernon Way,
Tucson, AZ 85712)
Individual Client's Homes (TBA)

Age of Target Population:

Ages 10-18

Date:

September 22, 2020

Topic/Unit:

Sex Trafficking Education and
Prevention Program (STEPP)

Demographics:

This program will be inclusive of all
racial/ethnic groups, genders, and is
accessible for individuals with
disabilities.

Unit 2:

Home Consultations

Session 1: Sex Trafficking In My Life**Learning Objectives for Unit 2**

1. By the end of Unit 2, 80% of participants in the program will identify three risk factors they have encountered, as recorded by program facilitators.
2. By the end of Unit 2, 80% of participants in the program will explain why sex trafficking is pervasive in society, as recorded by the program facilitators.

Introduction to Unit 2

Hi there, my name is Rebekah. I am going to be working with you today at your home. If you don't mind I wanted to touch base with you before we go. As an ice breaker, I thought of playing Chubby Bunny. I am sure you have heard of it, so I can't wait to play with you. After that, we're going to head over to your home and talk about your fears and failures of trafficking. It is not as intense as it sounds, I just want to understand where you're coming from and how I can help. Once we get to your home, we can start looking for the risk and protective factors that we found in the past few weeks. We will create a list of each and work on thinking about removing or promoting those factors

(depending on whether they are risk or protective factors). Like always, there will be a short survey at the end. And always feel free to call or message me if you have any questions. Now let's get to these marshmallows!

Table 3: Unit 2 Session 1 Content Outline

Unit 2 Session 1 Content Outline	Method/Strategy	Estimated Time (55 min)	Materials Needed
I. Introduction B. Chubby Bunny	I. Get Acquainted B. Ice-breaker	10 minutes	2 bags of mini marshmallows 1 car (filled with fuel) 2 notebooks 2 black pens 2 printed copies of “Chubby Bunny” instructions (Appendix E)
II. Fears and Failures	II. Brainstorming discussion	10 minutes	1 audio-recording device
III. Risk & Protective Factors in the Home a. Home walk-through	III. Peer education, brainstorming	10 minutes	2 printed copies of “R&P Factors in My Home”(appendix G) 2 black pens
IV. How will this affect me in the long term?	IV. Discussion, brainstorming	15 minutes	1 audio-recording device
V. Session Overview	V. Brainstorming, Survey	10 minutes	2 notebooks 2 black pens 2 printed copies of “Unit 2 Session 1 End of Lesson Survey” (Appendix H)

Culmination

Thank you all for coming today. I was able to learn a lot about you and your background.

I am excited to see how we use this information for your benefit. You are a strong,

smart, and capable person. I have all my trust in you. If you'd like, next week we can do something along the lines of chubby bunny or another fun icebreaker. Thank you for showing me your home. It took a lot of strength to let a practical stranger into your life like that. I'll see you next week. Call or message me if you need to talk or process more of what we did today. See you next week!

Anticipated Problems

- The participant is homeless and has no physical “home.”
 - A home is wherever a person resides. It could be a park, an alleyway, a church, a community center, a shelter. All of these can still be used for the purpose of the session.
- The participant refuses to allow program facilitator into their home.
 - Most of this session is discussion-based, so not going into the home is okay. To work around it, the program facilitator will have to a list of questions that give a bird's eye view of the home and living circumstances.
- The participant is not open to change or identifying risk or protective factors in their environments and home.
 - Ultimately, the program facilitator will encourage them to discuss their environments with the participant's therapist/counselor. If this fails, the session will end and hopefully be picked back up once the participant becomes willing. If all else fails, the participant will be removed from the STEPP program and meet with program coordinators with an exit “interview.”

Evaluation of Learning Objectives

1. By the end of Unit 2, 80% of participants in the program will identify three risk factors they have encountered, as recorded by program facilitators.
 - a. Program facilitators will record each participant's responses on an electronic form (only visible to program staff) to be measured by three points.
 - i. 0 points -- Participant did not identify any risk factors in their lives.
 - ii. 1 point -- Participant identified one risk factor in their life.
 - iii. 2 points -- Participant identified two risk factors in their life.
 - iv. 3 points -- Participant identified three risk factors in their life.
2. By the end of Unit 2, 80% of participants in the program will explain why sex trafficking is pervasive in society, as recorded by the program facilitators.
 - a. Program facilitators will record each participant's responses on an electronic form to be qualified by two points.
 - i. 0 points -- Participant made no attempt at answering the prompt
 - ii. 1 point -- Participant made an attempt at answering the prompt
 - iii. 2 points -- Participant went above and beyond to answer the prompt

Unit 3: Community Consultation**Community Setting:**

Armory Park Center (220 S. 5th Ave,
Tucson, AZ 85701)

Topic/Unit:

Sex Trafficking Education and
Prevention Program (STEPP)

Unit 1:

Community Consultations

Session 3: Sex Trafficking In My
Community

Age of Target Population:

Ages 18-65

Date:

October 13, 2020

Demographics:

This program will be inclusive of all
racial/ethnic groups, genders, and is
accessible for individuals with
disabilities.

Learning Objectives for Unit 3

1. By the end of Unit 3, 80% of participants in the program will identify four risk factors they have encountered in their direct environments, as recorded by the “Unit 3 Lesson 1 End of Lesson” survey.
2. By the end of Unit 3, 80% of participants in the program will explain why sex trafficking is pervasive in society, as recorded by the “Unit 3 Lesson 1 End of Lesson” survey.

Introduction to Unit 3

Welcome to the first of three community meetings. I am so glad that we are able to accomodate you all today. Thank you for coming to talk about the trafficking epidemic in Pima County, in our communities, in our neighborhoods. I want to extend a special thanks to the City of Tucson for allowing us to meet in such a central area as the Armory Park Center. To begin, we will be starting off with the scope of the issue at hand, the national and local statistics. The majority of today’s event will be a community forum

where your concerns are being heard and hopefully addressed. If your questions or concerns are not addressed tonight, please feel free to leave a note on the bottom of the survey that was placed on each of your seats or contact our office, the number is located at the bottom of the handouts you were provided on your way in tonight. Without further ado, let us bring us Dr. Elise Lopez of the University of Arizona's Relationship Violence Program. *Clapping*

Table 4: Unit 3 Session 1 Content Outline

Unit 3 Session 1 Content Outline	Method/Strategy	Estimated Time (55 min)	Materials Needed
II. Introduction A. What is Trafficking? B. Statistics of Trafficking	I. Lecture a. Audiovisual materials, Computer-Assisted instruction	20 minutes	1 USB drive 1 computer 1 projector 1 set of speakers 1 slide clicker 5 printed copies of “What is Trafficking” PowerPoint (Appendix B) 5 printed copies of “Statistics of Sex Trafficking” (Appendix C)
II. Katariina Rosenblatt	II. Audiovisual Materials	5 minutes	1 electronic copy of “Kat’s Life Story” video
III. Community Need and Resources	III. Lecture a. Peer Education, Brainstorming	10 minutes	150 copies of “Community Resources” (Appendix I)
IV. Where is Help Needed?	IV. Value clarification, Survey	15 minutes	5 printed copies of “Community Resources” PowerPoint 5 printed copies of sign-up sheets for volunteering (Appendix J) 150 copies of “I Pledge Myself” (Appendix K) 150 printed copies of “Unit 3 Session 1 End of Lesson Survey” (Appendix L)

Culmination

Wow! We had such an amazing conversation with you all. It was really enlightening to me, and I am hopeful that we all know now how pervasive sex trafficking is, especially of the young people in our communities, and how we as a community can come together to work against this illegal epidemic. Thank you all for participating. Before you go home, please return the survey you filled out to the ushers at the doors. These help us improve our program and services for our community. Thank you all. Please reach out to us at the Pima County Attorney's Office if you have any questions or concerns. Our number is at the bottom of the handout you received as you walked in. As a reminder, the next community meeting will be next week, same day and at the same time. I hope to see you all there!

Anticipated Problems

- Participants are not willing to ask questions
 - They will be encouraged to ask questions. An alternative is a “text-in” system where the forum members will receive anonymous from the audience through a “text this number ____” application.
 - Forum members will ask and answer the most common questions they have encountered in their respective positions within the program staff and previous sex trafficking-related positions.
- The electronic system fails (no computer use, no projection, no speakers, etc.)

- Back to the old fashioned paper and group discussions. The forum members will split up to form 5 groups of individuals, write down each question by hand and answer them as best as possible.

Evaluation of Learning Objectives

1. By the end of Unit 3, 80% of participants in the program will identify four risk factors they have encountered in their direct environments, as recorded by the “Unit 3 Lesson 1 End of Lesson” survey.
 - a. Each participant in the program will be anonymously “scored” by their level of identification of risk factors in their environments on the “Unit 3 Lesson 1 End of Lesson” survey they return to the program facilitators.
 - i. 0 points -- No attempt at identifying any risk factors
 - ii. 1 point -- One risk factor identified
 - iii. 2 points -- Two risk factors identified
 - iv. 3 points -- Three risk factors identified
 - v. 4 points -- Four risk factors identified
2. By the end of Unit 3, 80% of participants in the program will explain why sex trafficking is pervasive in society, as recorded by the “Unit 3 Lesson 1 End of Lesson” survey.
 - a. Each participant in the program will be anonymously “scored” on the “Unit 3 Lesson 1 End of Lesson” survey they return to the program facilitators.
 - i. 0 points -- No attempt of an explanation
 - ii. 1 point -- Yes and attempt of an explanation

Unit 4: Empowerment Group Therapy**Community Setting:**

Reunion House (2590 N. Alvernon Way,
Tucson, AZ 85712)

Topic/Unit:

Sex Trafficking Education and
Prevention Program (STEPP)

Unit 4:

Empowerment Group Therapy

Session 4: Sex Trafficking In My Circle**Age of Target Population:**

Ages 10-18

Date:

October 20, 2020

Demographics:

This program will be inclusive of all
racial/ethnic groups, genders, and is
accessible for individuals with
disabilities.

Learning Objectives for Unit 4

1. By the end of Unit 4, 80% of participants in the program will create a flow chart of their personal story given the information from Unit 4 Session 1, as recorded by the program facilitators' confidential electronic notes.
2. By the end of Unit 4, 80% of participants in the program will recognize three signs of a sex trafficked victim, as recorded by the program facilitator's audiorecording device.

Introduction to Unit 4

Thank you for coming today. I am so glad that some of you already know each other from past experiences. Hopefully these next few sessions will only build up those friendships, but build more. I am so encouraged by how you all are growing and improving! This makes me so excited to show you what we will be doing in the next few sessions, especially today. You all have at least been able to go to a few individual counseling sessions. We are now going to combine each of our individual experiences

into a community of experiences. We are going to start with a group activity, then move into risk and protective factors. Today we will be discussing them as a group and see where we land. At the end, like always, there will be an end of lesson survey. Please remember to return them to me at the end of today. Without further ado, let's begin!

Table 6: Unit 4 Session 1 Content Outline

Unit 4 Session 1 Content Outline	Method/Strategy	Estimated Time (55 min)	Materials Needed
III. Introduction A. Toilet Paper Game	I. Get Acquainted a. Ice-breaker	10 minutes	15 printed copies of “Toilet Paper Game” Instructions (Appendix M)
II. Unit 1 & 2 Overview	II. Audiovisual Materials, Computer-Assisted Instruction, Lecture	10 minutes	1 USB drive 1 Computer 1 Projector 1 set of speakers 1 slide clicker 2 copies of “Unit 1 & 2 Overview”
III. Risk & Protective Factors	III. Lecture a. Computer-Assisted Instruction b. Discussion	20 minutes	2 printed copies of “Risk and Protective Factors” (Appendix N) 1 audio-recording device
IV. Lesson Overview	IV. Brainstorming, Survey	10 minutes	2 notebooks 2 black pens 2 printed copies of “Unit 4 Session 1 End of Lesson” Survey (Appendix O)

Culmination

This has been an amazing time for conversation and understanding for us. You all have deep stories. We have learned so much from each other. Thank you all for being so vulnerable. As we wrap up, do any of you have any questions or concerns? If you do not feel comfortable speaking them aloud, please write them on the bottom of the

end-of-lesson survey. Next week we will be having more conversations and activities surrounding the concept of risk factors for sex trafficking.

Anticipated Problems

- Participants will not engage or talk in the group
 - Program facilitators will not force anyone to talk; it is a safe space that will not violate safety to initiate any dialogue.
 - Program facilitators will have training to engage with unwilling participants that will help them open up and feel led to contribute to the conversation.
- Electronics fail.
 - Paper copies of the PowerPoints will be printed out for each participant and the program facilitators will split the group in half and facilitate the program session in 2 group circles.

Evaluation of Learning Objectives

1. By the end of Unit 4, 80% of participants in the program will create a flow chart of their personal story given the information from Unit 4 Session 1, as recorded by the program facilitators' confidential electronic notes.
 - a. Each flow-chart will have several examples of sex trafficking in the participants' lives. It will be evaluated by effort.
 - i. 0 points -- no effort
 - ii. 1 point -- yes effort

2. By the end of Unit 4, 80% of participants in the program will recognize three signs of a sex trafficked victim, as recorded by the program facilitator's audiorecording device.
 - a. The program facilitators will record each participants' responses on the audio-recording device which will be evaluated by participation and effort to contribute.
 - i. 0 points -- no effort
 - ii. 1 point -- yes effort

Table 6: Project Timeline

Project Timeline	
Activities	Date
Begin Program Development	January 6, 2020
Begin Grant Proposal	February 6, 2020
Submit Grant Proposal	March 10, 2020
Begin Staffing and Community Partner Recruitment	May 4, 2020
Complete Program Development	June 1, 2020
Complete Staffing and Community Partner Recruitment	July 31, 2020
Obtain Equipment and Supplies	August 10, 2020
Begin Units 1-4	September - October 2020
Evaluation	November 30, 2020
Post-Evaluation Wrap-up	December 14, 2020

References

- American Psychological Association. (n.d.). Psychotherapy: Understanding Group Therapy. Retrieved from <https://www.apa.org/helpcenter/group-therapy>
- Armstrong, P. (n.d.). Bloom's Taxonomy. Vanderbilt University Center for Teaching. Retrieved from <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>
- Murphy, L. (2016). Labor and Sex Trafficking Among Homeless Youth: A Ten-City Study. Covenant House. Retrieved from <https://www.covenanthouse.org/sites/default/files/inline-files/Loyola%20Multi-City%20Executive%20Summary%20FINAL.pdf>
- Pergamit, M. R. (2010, May 12). On the Lifetime Prevalence of Running Away from Home. The Urban Institute. Retrieved from <https://www.urban.org/research/publication/lifetime-prevalence-running-away-home>





Appendices

Appendix A: Pop My Balloon

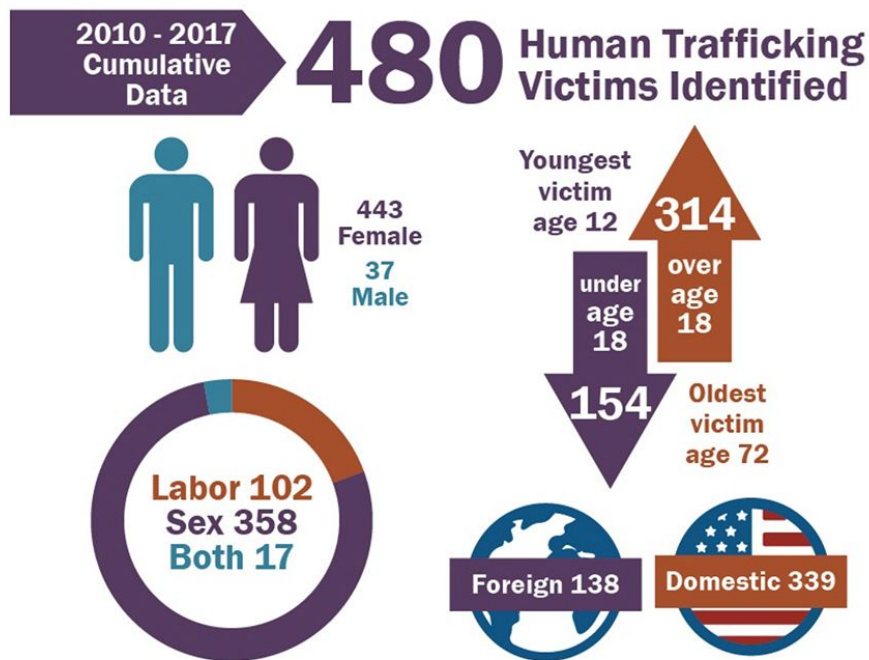
Have the participant blow up one balloon as big as they would like. Then have them secure the balloon to their chair with tape or string. Have the participant stand in front of the chair as if they are ready to sit down. You will also blow up a balloon, the size of a cantaloupe or small watermelon. You will have your balloon secured to your chair as well. When you give the signal, the participant will sit and try to pop their balloon. With each attempt (or bounce) they must share one fact about themselves. You will participate in the same way. Below are ideas of facts:

- | | |
|------------------------------|------------|
| - Name | - Favorite |
| - Birthday month | - color |
| - Number of scars | - holiday |
| - Shoe size | - food |
| - Middle name | - sport |
| - Eye color | - emoji |
| - Number of tattoos | - movie |
| - Best friend's name | - song |
| - First kiss | - TV show |
| - First pet | - number |
| - Farthest place traveled to | - animal |

Appendix B: Purpose of STEPP PowerPoint

<h3>The Purpose of STEPP</h3> <p>Pima County Attorney's Office Rebekah Glassy, BS PH</p> 	<h3>STEPP background</h3> <p>Runaway Intervention Program (RIP)</p> <ul style="list-style-type: none"> • Home visits • Intensive care management • Empowerment groups <p>Goal</p> <ul style="list-style-type: none"> • Intervene ASAP once a youth has run away in an effort to lower the risk associated with homelessness such as ongoing sexual exploitation, disconnectedness to school, trusted adults, and family. <p>Sex Trafficking Education and Prevention Program (STEPP)</p> <ul style="list-style-type: none"> • Individualized counseling • Home consultations • Community consultations • Empowerment group counseling <p>Goal</p> <ul style="list-style-type: none"> • To stop DMST before it becomes a reality
<h3>STEPP Purpose</h3> <p>To prevent youth from running away and thereby being put at risk to be sexually trafficked in the United States.</p>  	<h3>STEPP Goals and Objectives</h3> <p>"To decrease the incidence of individual risk factors of DMST of minors ages 10-18 in Pima County, Arizona."</p> <ul style="list-style-type: none"> • To gain a sense of "self" • To enhance the "good" and reverse the "bad" • To grow in community • To measurable change in order to succeed • To educate individuals and the community of the dangers of DMST • To create the change we want to see in the world, one person at a time.
<h3>STEPP in YOUR Life</h3> <p>First → Individual Counseling 8 sessions, bi weekly sessions, flexible scheduling</p> <p>Second → Home Consultations 4 sessions, once every 2 weeks, participant-led</p> <p>Third → Community Consultations 3 meetings, community resources, signs and reporting</p> <p>Fourth → Empowerment Group Counseling 8 sessions, once-weekly, group-oriented</p>	<h3>Questions?</h3>  <h3>Contact Information</h3> <p>rglassy@pcao.pima.gov www.pcao.pima.gov (520) 123 - 4567 Office Hours MWF 1-4pm</p>

Appendix C: Statistics of Sex Trafficking



About 40% of sex trafficking cases involve minors.

CHILDREN ARE VICTIMS

Over 50% of exploited adults were first trafficked as children

THE AVERAGE AGE: 13 Years Old

TRAFFICKERS OFTEN TARGET HOMELESS CHILDREN.



are sex trafficked



have considered suicide



report being physically or sexually abused

**ALONE AND ISOLATED FROM FAMILY,
HOMELESS CHILDREN MAKE EASY PREY.**

Fresno Economic Opportunities Commission. (2017, June 5). Current Central Valley Human Trafficking Statistics. Retrieved from

<http://fresnoeoc.org/cvaht/stories/post/Current-Central-Valley-Human-Trafficking-Statistics>

Minnesota Attorney General. (n.d.). Let's put a red light on Sex Trafficking. The Office of

Minnesota Attorney General Keith Ellison. Retrieved from

<https://www.ag.state.mn.us/Consumer/Publications/SexTrafficking.asp>

Appendix D: What is my risk?

Human Trafficking Screening Tool and Guide:

https://www.acf.hhs.gov/sites/default/files/otip/adult_human_trafficking_screening_tool_and_guide.pdf

Appendix E: Chubby Bunny Instructions

You and the participant each get a bag of marshmallows. Here are the steps to follow:

1. Say “Chubby Bunny” and put one marshmallow in your mouth without chewing or swallowing or spitting it out.
2. For each additional marshmallow, again say “chubby bunny.”
3. Continue adding more marshmallows in your mouth until you absolutely cannot fit another marshmallow in your mouth. Who ever gets the most marshmallows in their mouth wins the challenge.

WikiHow. (2019, March 20). How to Play Chubby Bunnies. Retrieved from

<https://www.wikihow.com/Play-Chubby-Bunnies>

Appendix G: R&P Factors in My Home

This document is meant to be completed in the field. Each bullet point can be checked or marked as present or absent (x=present, o=absent).

Risk Factors

- Drug use/abuse
- Alcohol abuse
- Lower socioeconomic status
- Peer pressure
- Older boyfriend/girlfriend
-
-
-
-
-

Protective Factors

- Strong family connections
- Good mental, physical, spiritual, emotional health
- Academic achievement
- Stable living conditions
-
-
-
-
-

Appendix H: Unit 2 Session 1 End of Lesson Survey

1. I am more knowledgeable of today's topic than I was before the lesson
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
2. I am more likely to act on my new found knowledge.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
3. Three things I have learned today are:
4. Questions, Comments, Concerns?

Appendix I: Community Resources

Name	Number	Address	Services Provided
Tucson Unified School District	(520)225-4912	1010 E. 10th St., Tucson, AZ 85719	Care management, facilities for activities, shelter, counseling
Department of Child Safety	(520)887-7377	3550 N. Oracle Rd., Tucson, AZ 85705	Child safety, housing placements
Tucson Police Department	(520)791-4444	270 S. Stone Ave, Tucson, AZ 85701	Public safety, crime control
Southern Arizona Center Against Sexual Assault	(520)327-1171	1600 N. Country Club Rd., Tucson, AZ 85716	Housing, education, shelter
Free Ever After	(520)338-8463	5622 E Broadway Blvd, Tucson, AZ 85711	Recycled wedding dresses; funds go to fight sex trafficking
CODAC	(520)327-4505	1650 E. Fort Lowell Rd. #202, Tucson, AZ 86719	Comprehensive health care for adults and youth
Pima County Health Department	(520)724-7770	3950 S. Country Club Rd. #100, Tucson, AZ 85714	To help the residents of Pima County achieve and maintain an optimal level of wellness
The University of Arizona Campus Health	(520)612-9202	1224 E Lowell St. Tucson, AZ 86721	Promoting health, wellness, and safety
Reunion House	(520)323-1708	2590 N. Alvernon Way, Tucson AZ 85711	Homeless youth shelter
EMERGE Center Against Domestic Violence	(520)795-8001	2545 E. Adams St, Tucson, AZ 85716	Safety, shelter, education, housing, childcare

Appendix J: Sign-up to Volunteer with STEPP

[illegible]

Appendix K: I Pledge Myself

***I hereby pledge to FIGHT AGAINST SEX TRAFFICKING IN MY
COMMUNITY***

Name_____

Address_____

Email_____

Phone_____

I commit to give my

- Time(per month)_____
- Money(\$/month)_____
- Services_____
- Other_____

I would like more information on

- Statistics_____
- Resources_____
- Community Impacts_____
- Other_____

I want to be contacted for

- Newsletters
- Weekly email updates of STEPP

Signed _____

Date_____

Appendix L: Unit 3 Session 1 End of Lesson Survey

1. I am more knowledgeable of today's topic than I was before the lesson
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
2. I am more likely to act on my new found knowledge.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
3. Three things I have learned today are:
4. Questions, Comments, Concerns?

Appendix M: Toilet Paper Game Instructions

Toilet Paper Game

To start, have everyone sit in a circle. Hand the toilet paper roll to one player and tell them to take as much as they think they will need, and keep it. If they ask, “what’s it for?” just say, “Take as much as you think you will need.” Don’t give any guidance as to how much toilet paper they should unroll.

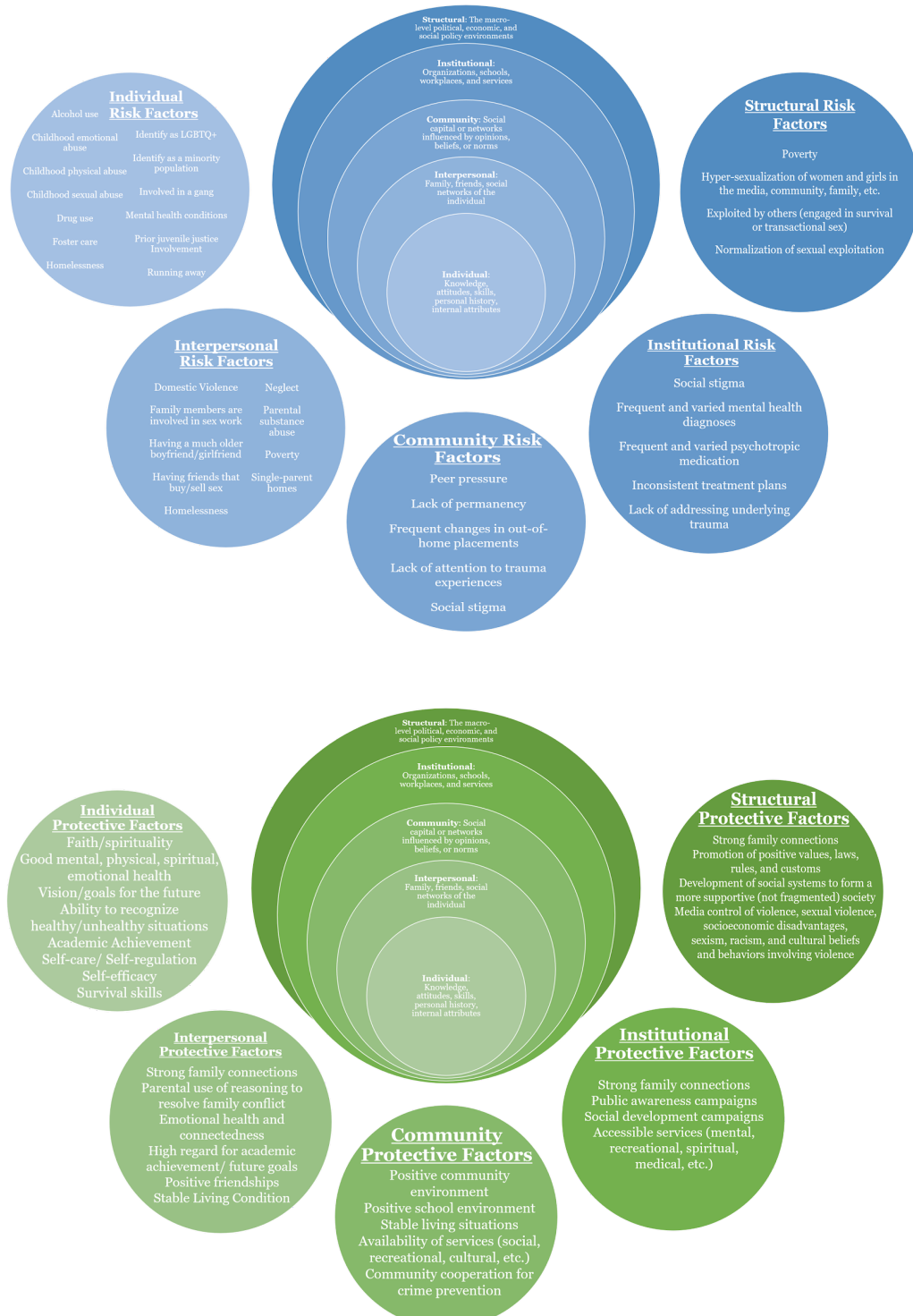
After the first player unrolls their toilet paper, tell them to hand the toilet paper roll to the next person and pass the message down to take some toilet paper, again with no guidance on how much toilet paper to take, just “take as much as you think you will need.” Don’t tell players what it’s for. If they ask, say a fact and nothing more.

Once all of the participants have a wad of toilet paper, announce how the game works: each person must go around the room and share facts about themselves, one fact per square of toilet paper they unrolled. Some players might have taken big wads, while some might have taken just a few squares. Either case, each square of toilet paper equals one fact.

The Game Gal. (2018, November 22). The toilet paper game. Retrieved from

<https://www.thegamegal.com/2018/11/22/the-toilet-paper-game/>

Appendix N: Risk and Protective Factors



Appendix O: Unit 4 Session 1 End of Lesson Survey

1. I am more knowledgeable of today's topic than I was before the lesson
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
2. I am more likely to act on my new found knowledge.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
3. Three things I have learned today are:
4. Questions, Comments, Concerns?